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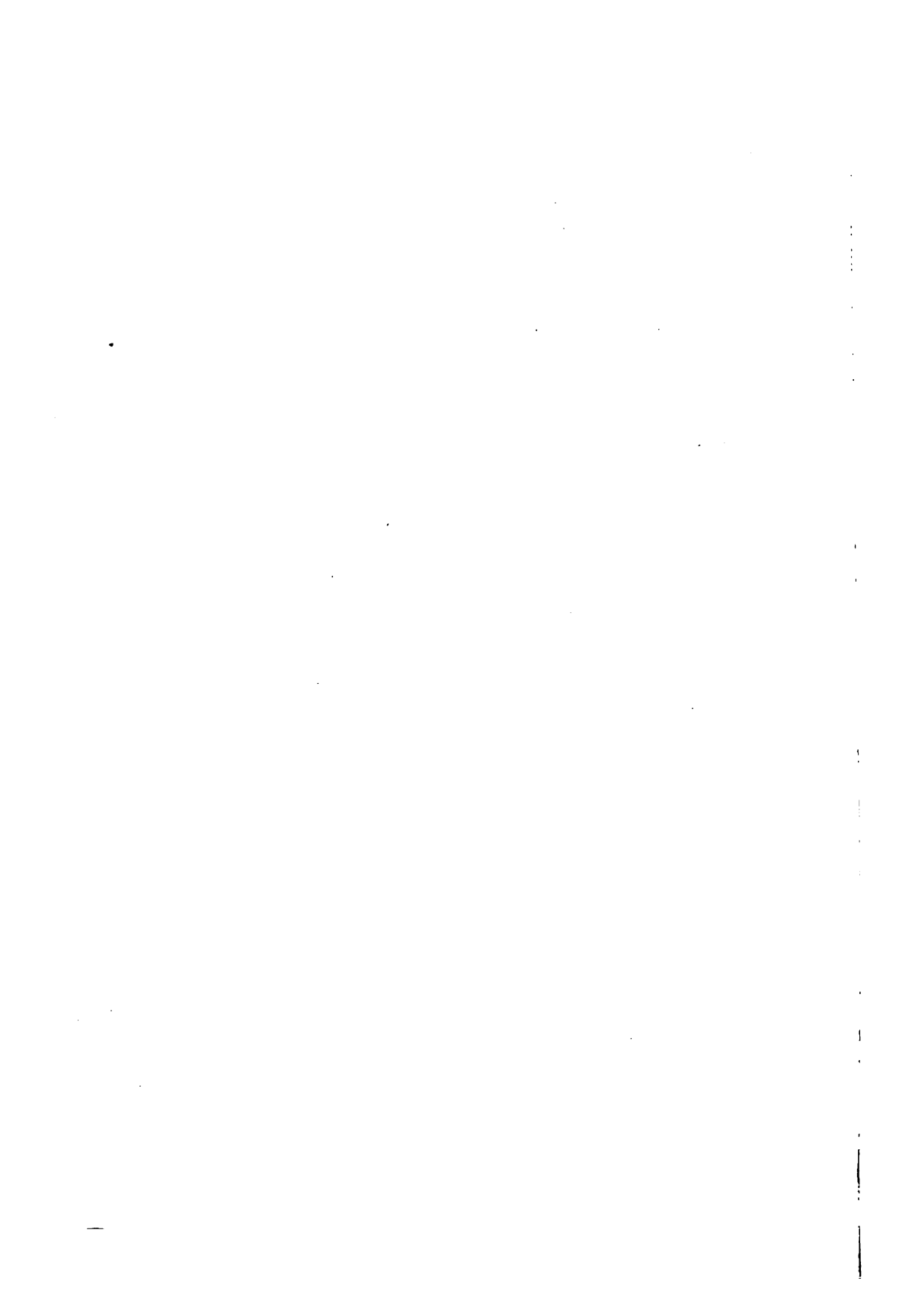
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CONTRIBUTORS TO VOLUME LXI.

A. D. Barr, M.D., Calamine, Ark.
Louis Bauer, M.D., M.D.R.S., St. Louis.
Cheves Beville, Winfield, Ark.
Julia W. Carpenter, M.D., Cincinnati, O.
H. C. Dalton, M.D., St. Louis.
W. H. Grayson, M.D., Venice, Ill.
Valerius Idelson, M.D., Berne, Switzerland.
David Inglis, M.D., Detroit, Mich.
Edward Jackson, M.D., Philadelphia, Pa.
Frank L. James, M.D., Ph.D., St. Louis.
A. B. Kirkpatrick, M.D., Philadelphia.
J. B. Mattison, M.D., Brooklyn, N. Y.
John H. McIntyre, A.M., M.D., St. Louis.
E. S. McKee, M.D., Cincinnati, O.
A. H. Ohmann-Dumesnil, A.M., M.D., St. Louis.
W. W. Potter, M.D., Buffalo, N. Y.
C. H. Powell, A.M., M.D., St. Louis.
Henry A. Riley, Esq., New York.
John B. Roberts, M.D., Philadelphia, Pa.
Frederick B. Robinson, M.D., Toledo, O.
Charles Everett Warren, A.B., M.D., Boston, Mass.

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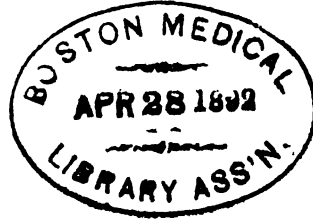
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VOLUME LXI.—JULY, 1891.—No. 1.

Original Contributions.

A TREATMENT FOR PRURITUS ANI. By A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

Pruritus as a disease *per se* is perhaps one of the most distressing complaints that the physician is called upon to treat, more especially in its localized forms. It is extremely disagreeable to the subject, entailing very often, a train of nervous symptoms of the most serious nature, and these in their turn, seem to only serve in increasing the original trouble. It is on this account, and the loss of sleep which is necessarily entailed, that the disease is very apt to assume a serious character. In addition to this, we frequently have the objective symptoms, provoked by the scratching of the patient, consisting of multiform lesions, and a greater or less thickening of the skin which is circumscribed in character. The mental disturbance is sometimes such a marked feature that the pruritus debarring its victim from social intercourse and inducing depression of spirits, will occasionally engender a hopeless feeling so far as ultimate cure is concerned. This may become so grave as to finally merge into a state of profound melancholia with suicidal tendencies. Such a condition, however, is fortunately a rare one.

The chronicity of the affection is one of its characteristics. It is no uncommon thing to be told that it has existed for years, and the difficulty attending its treatment may be easily

surmised when we observe the number of formulæ which have been vaunted in its treatment and which are being constantly published. They all give relief of a more or less transitory character, but such as can not be relied upon, and the pruritus may suddenly come on at the most unexpected as well as inopportune time.

The particular form of which I wish to speak is pruritus ani, the most commonly observed localization of the disease, in men. The itching here is something intense, and annoying to a degree which is simply a torture to the patient. The sensation is referred to the margin of the anus, within the folds to the adjacent neighborhood, and sometimes to the lower part of the rectum. In this last vicinity patients state that they feel as if they could obtain relief providing that they could introduce a finger in the rectum and scratch. The pruritus of the anus may be either limited to that particular locality or there may be an extension taking place, after a time. The perineum will be the seat of itching: the internatal cleft will suffer; and, in males, the scrotum will become affected. In females, it is the labia majora that will become the seat of the trouble, which may extend to the labia minora and clitoris, constituting pruritus vulvæ.

Without dilating any more upon the symptomatology of pruritis ani, I desire to draw attention to a treatment which has proven beneficial in my hands, in some cases. I do not desire to lay any claim to the course of procedure as a cure-all, but merely as one of the thousands of "successful" methods. The treatment is general and local.

GENERAL TREATMENT.—One of the first points to engage our attention is the condition of the rectum, so far as function is concerned. No rectal accumulations should be permitted, nor should diarrhœa go untreated. A regular performance of the functions should be regarded as a *sine quâ non*. For general treatment such remedies should be employed as have a tonic action upon the nervous system, as phosphorus, strychnia, arsenic, etc., and for this purpose I have alternated the following formulæ with each other in order to prevent the patient becoming habituated or intoxicated. It will be seen that every precaution is taken to ensure against gastric disturbances, which should certainly be corrected whenever they are present.

The tonic treatment directed to the nervous system is as follows :

R Syr. hypophosphit. Co. (Fellows).....℥iv.

Sig. A teaspoonful in water four times daily.

After a time the following is ordered :

R Liquor kali arsenit..... ℥ijss.

Vini ferri..... iv.

M.

Sig. A teaspoonful in water after each meal.

This having been taken for a length of time deemed sufficient, the following pills are administered :

R Strychniæ sulphat.....grj.

Ferri redacti,

Quiniæ bisulphat.....āā ℥j.

M.

Ft. massa et divide in pil. No. 60.

Sig. One pill three times a day.

The intent of this is to produce a permanent effect in the way of toning up the nervous system, and in that manner obtain a certain stability which will be a relief from that irritated and irritable condition which translates itself into pruritus, more especially of the anus.

In addition to this, general reconstructive measures should be employed ; and such anodynes as are best suited to the case in hand in order to obtain refreshing sleep, and thus remove another source of nerve irritation. For, there can be no doubt whatever, that being given a certain amount of rest, better effects can be produced than in its absence.

LOCAL TREATMENT.—This plays an important part in the management of the affection under consideration. First of all a careful examination of the rectum and anus should be made. If ulcers, hemorrhoids, or other pathological processes are found in the rectum, they should be remedied. The same is true in reference to the anus. Fissures, excoriations, hemorrhoids, growths of all descriptions, pin-worms, etc., should receive careful attention. It will be noticed, however, that when found their removal or proper treatment will not always suffice to relieve the pruritus, but that local measures will be necessary.

Should there be much thickening of the skin, either immediately surrounding the anus or existing upon the adjacent

portions, a very good measure to adopt is to apply pure creasote pretty thoroughly. While it is rather painful, the pain lasts but for a very short time and is followed by relief. This should be followed by the application, night and morning at least, of an anti-pruritic remedy. I will not burden the reader with a list of these, but will merely state that lotions are best used as being less disagreeable than ointments and more cleanly. An essential, to my mind, is that the remedy should be not only antipruritic but antiparasitic as well. Of course, this plan of treatment is that to be followed in cases in which no apparent cause beyond disturbance of the nervous system can be found. I have used with good success my compound antipruritic lotion which is as follows:

R Hydrargyr. bichlorid.....	gr. jss.
Ammon. muriat.....	gr. ij.
Acid. carbolic.....	℥j.
Glycerini.....	℥ij.
Aquæ rosæ.....	q. s. ad ℥vj.

M.

Sig. Apply locally, morning and evening.

In this the amount of carbolic acid may be varied to suit the exigencies of the case.

Another remedy which has rendered me good service as an antipruritic and antiparasitic is chlorophenique. It is quite rapid in its action, being at the same time an anodyne of no mean value. It should be employed full strength morning and evening. It is a colorless liquid which gives it the added advantage of being clearly.

Such is a brief outline, roughly sketched of a treatment for the relief of pruritus of the anus which has afforded me good results and satisfactory effects in a comparatively short space of time. I will not say that it will act well in every case nor that it is applicable in every instance. Pruritus, in general, is such a vexatious disease to manage that much time and patience are frequently necessary to achieve any kind of a satisfactory result. Besides, the legion of methods and formulæ for the relief of pruritus of the anus and genitalia is evidence sufficiently strong to debar any one from recommending any form of treatment unless it be with hesitation. One prerequisite to observe is the persistent employment of the remedies adopted. The patient should not be permitted to

discontinue the applications, because he thinks that he is well ; but he must continue for such a length of time as will enable one to conclude that the case is beyond the reach of an immediate relapse.

In addition to this it is frequently necessary to supply deficiencies caused by malnutrition in the nervous system. The entire tone of the nervous system must be kept up at par, even after an apparent cure or pruritus may manifest itself again, if it has been in any degree dependent upon disturbed nerve function. But, as this lies more properly within the field of the neurologist I will not dilate upon the subject.

5 South Broadway.

RECENT MEDICO-LEGAL CASES. By HENRY A. RILEY, Esq., New York.

A Heavy Verdict for Physical Injuries.—One of the heaviest verdicts for physical injuries ever rendered in New York was given a short time since for twenty-five thousand dollars, in an action against the New York, New Haven and Hartford Railroad Co.

The plaintiff was injured by being struck and thrown into the Hudson river by some cars which were backed onto a "float" in the water. The coupling of the cars was broken by the strain of a steep incline, and they struck the float with great force.

The verdict can be taken as an indication that employers will be held to a strict account for a failure to inspect tools and machinery. The following summary of the case is given in one of the daily papers :

"The uncontradicted testimony of the plaintiff's witnesses proved that after the accident the broken link showed a new fracture of less than half the thickness of the iron, the rusted and greasy crack left by a former strain, showing that the defect might have been discovered by a slight inspection. The plaintiff's medical experts, Drs. A. McL. Hamilton, G. E. Munroe and Jas. P. Daly testified that his injuries had resulted in spinal paralysis and disease of the bones of the back that could not be cured. No medical testimony was given in behalf of the defendant, the company relying on its claim that an inspection of car couplings was impracticable."

The case will no doubt be appealed, and come before the courts again for consideration.

A Story of French Crime.—The following recent story of French crime is a peculiarly revolting one :

“The Nancy court has just sentenced to death an extraordinary criminal named Eugene Mercier. This man for years bore a good reputation. He was a leading custom official and an esteemed family man. Mercier, who is a widower, was convicted of a series of startling crimes.

It was shown that he murdered the Abbe of Circourt and the Abbe's housekeeper, robbed the presbytery, and then set fire to the place to conceal his crime. Afterwards he wooed a wealthy widow named Jactal. Thinking his only son, a boy of eight years, an obstacle to his suit, Mercier decided to kill the lad. This he did by bending his victim's head so that the spine was broken at the nape of the neck.

When called on for an explanation of the child's death, the murderer alleged it was due to an accident.

Mercier also tried to murder the widow Jactal's brother, who was opposed to his sister's marrying Mercier.

After firing through a window and wounding his victim, Mercier set fire to the house, but the wounded man was rescued by neighbors.

This crime was traced to Mercier, and at the trial it was proved that the misdeeds therein related were merely a part of a long life of secret crime.”

Female Physicians in New York Insane Asylums.—Under a recent law in New York female physicians are required to be employed at the State Insane Asylums to look after cases where their services would be specially appropriate. The appointments have to be made after an examination before the State Civil Service Commission, which has just met at Albany.

Those who live in the State, and have had one year's experience in hospital practice, or three years' general medical practice are free to compete.

A Prescription on a Tombstone.—A number of the medical journals have been discussing with some interest the question of the ownership of a prescription, and there is a diversity of opinion as to whether the physician, the druggist or the patient has the better claim.

A somewhat different question is involved in the report, to

which the newspapers have given currency, that a Russian physician has brought a libel suit against a widower, who had pasted on the tombstone of his lately deceased wife, the last prescription he had given her on the day before her death. The proceeding is certainly an annoying one, but it would almost seem as if the bringing of the suit was an admission that the prescription was not a proper one. If the physician was proud of his diagnosis and treatment, he could hardly object to any knowledge that the public might acquire of his merits even through the unusual medium of a gravestone.

Troubles in Insane Asylums.—The newspapers are full most of the time with rumors that insane persons are improperly confined in public or private asylums or that sane persons are shut up on some frivolous pretext. Some of these rumors no doubt have good foundation, and justice should be promptly meted out to the offenders. In most cases, however, the charges are without reasonable foundation. In this connection, it may be of interest to note that the New York State Commission in Lunacy has authorized an investigation in regard to unlicensed sanitariums, which may be detaining insane persons in custody without their consent.

The Omaha Medical and Surgical Institute.—The city of Omaha has recently been greatly disturbed by some sickening revelations concerning an institution known as the Omaha Medical and Surgical Institute. This concern has now been closed by the health authorities as it was shown to be a pest-house, and several very suspicious deaths have occurred in connection with it. In one case, the inquest has shown that the death of a young woman was caused by malpractice, and it is believed that many criminal operations have been performed. The corps of "able physicians" turned out, to consist of four doctors, two in poor standing in the profession, and two without any knowledge of medicine, and no legal right to practice. It is probable that all of them will have to stand a criminal trial.

Hypnotism and Crime.—It is stated that a murder trial soon to take place in Minnesota will bring up the question of hypnotism as the accused claims that a woman put him under hypnotic influences before he committed the deed.

The case is quite likely therefore to be somewhat like that

of the famous Eyraud-Bompard trial at Paris. In this latter case, it will be remembered, the hypnotic pretense did not prevent the conviction of the accused, and the execution of the man and the life imprisonment of the woman.

American juries are not likely to view with any greater favor such attempts to defeat justice.

Clinical Reports.

REMOVAL OF A PIECE OF LEAD-PENCIL FROM THE THIGH OF A CHILD AGED THIRTEEN. By C. H. POWELL, A. M., M. D., St. Louis.

On May 18, last, I was summoned at 8 P. M. to see Catherine D., aged 13, who while returning home from school slipped and fell on her right side. Considerable pain immediately followed the accident, greatly increased on motion in her right leg. In spite of the pain, however, she walked to her home one square distant, and her parents in great alarm sent for me. The father at once directed my attention to "two pieces of broken bone," distinctly felt beneath the integument. About two inches below the anterior superior spinous process of the crest of the ilium was a hole in the skin from which the distance to the foreign body was about an inch and a half. There was little blood present around and about the wound, nor was sensibility of the leg impaired. My first impression was, a compound fracture of the neck of the femur as there was a distinct feeling of crepitation conveyed to the hand when the foreign body was manipulated, but a careful examination of the leg affected evidenced no inversion or eversion, no shortening, and but slight pain when the leg was put through its various motions.

My next impression was that possibly the foreign body might be fractured from the pelvis, but a very careful examination failed to detect any irregularity of contour or indication that such was the case. I therefore was puzzled for the time being, and concluded to try and ascertain the nature of the body from other sources. I asked the question if her pockets were empty at the time of the accident, and she said: "Yes, of everything but a lead-pencil, and that was in her dress-pocket now." I called for the dress, and examined the leads

pencil which was unmistakably broken. The piece found was three and one-half inches long. I searched the pocket, and found therein a hole through which the pencil easily passed. The similarity of the hole in the pocket, and the opening in the integument struck me very forcibly. I now had to make my differential diagnosis between fractured bones, and the lead-pencil, and by eliminating the former in the way mentioned I arrived at the right diagnosis. I now passed my probe to the foreign body, and found it as before stated one and one-half inches from the opening. The removal of it by its original entrance I soon found impossible so made a counter opening at the most dependent site. I now found it was three-quarters of an inch beneath the skin, and I could not begin to reach it. I therefore chloroformed my patient, passed down right to the body my grooved director, and with a sharp bistoury made a free incision laying open the sinus. I found the body lying antero-posteriorly with its point turned towards the buttocks. Its head was buried in the sheath of the rectus muscle which I was obliged to slit up. My ordinary forceps being unavailing, I removed the lead-pencil with a pair of vulsellum forceps as modified by Dr. Engelmann. It was two inches in length and about one-quarter of an inch in width. The bleeding was very slight. I now washed out the wound freely with carbolized hot water, I applied antiseptic gauze well iodoformed, placed absorbent cotton over the whole, and over this passed a firm retentive bandage. I used no sutures fearing the risk of retained secretions, and desired the wound to heal by granulation. The day following my patients' temperature registered 100°, with her pulse 115, she was restless all night, and seemed very nervous. I at once prescribed bromide potassium three grains with tinct. aconite one-half drop every three hours. At my next visit the pulse and temperature were both normal, and patient has progressed to an uninterrupted recovery.

What seemed singular in the case was first the track of the pencil, it ranging upwards, and then directly backwards at a right angle. I think the explanation of this lies either in the extreme laxity of the integument and subconnective cellular tissue, or in the action of the rectus after the injury was received when she walked to her home.

Secondly. The pencil must have penetrated the leg fir s

before it broke in halves, otherwise the large piece would not have remained in the pocket. The two pieces fitted one another exactly, minus the rubber eraser, and a small fragment missed from the side, both of which were found in the pocket.

1423 Euclid avenue.

SOME INTERESTING POINTS IN AN UNUSUAL CASE OF ANTE-FLEXION WITH OTHER ANOMALIES.* BY JULIA W. CARPENTER, M. D., Cincinnati, Ohio.

Exceptions are often as valuable aids to diagnosis as rules. Were there no exceptions, medicine would be an exact science, and instead of having only the average result for a starting point in all cases, every diagnosis would be as certain and easy as mathematics.

Prominent among the causes of sterility are ante flexion, extremely small os and conoidal cervix; the last stated, by some authors, to be the most common of all. Any one of these alone being a sufficient cause what would be thought of a patient having all three of these peculiarities. Many cases like the following would necessitate re-writing all the textbooks.

Mrs. H—, thirty-three years of age, came for an examination for this reason. She was troubled at times with a cramp and "burning sensation" in the right thigh in a spot about the size of a hand. Having tried various remedies without relief she wondered whether it could in any way be due to some internal trouble.

An examination revealed the following conditions: A sharp ante flexion at the junction of the cervix and body; a greatly elongated, conoidal cervix, nearly two inches in length, with an os of the very smallest size. Close questioning elicited the following information. She never had dysmenorrhœa to any extent, nothing that could be called pain, only a little discomfort at first, and that had grown less each year. She had never had uterine catarrh or any symptom to call her attention to the internal organs. Were it not for the cramp referred to an examination would never have been thought of.

I explained to the patient her formation, and told her the

* Read in the Section of Obstetrics at the Forty-second Annual Meeting of the American Medical Association held at Washington, D. C., May 5, 1891.

rule was that a person with any *one* of these peculiarities did not have a family, and that having all three her prospects were not great.

To see whether the cramp, complained of, was a reflex from some internal pressure, a few weeks treatment was given, but it made no change in affairs. Electricity applied to the affected limb gave some temporary relief.

A year later she returned for another examination, and was glad to be told that she was pregnant. Two other physicians saw her between that time and the birth of her child, and each one spoke to her of the peculiar cervix.

The birth of the child took place in another city, but the report was as one would expect. The first stage was very tedious, lasting three days, though there were no severe pains. The contractions of the second stage accomplished nothing. The patient was closely built and fleshy. Instrumental interference proved necessary with high application of the forceps. The weight of the child was ten pounds. The mother made a good recovery.

The patient was lately seen again, when the child was two and a half years old. The cervix is now of ordinary length, and a very slight anteflexion exists at the junction of cervix and body. A laceration on the left side extends nearly the length of the cervix, but there is neither catarrh nor erosion, patient says she is in good health.

Another interesting point is that the cramp in the limb grew much more severe before the birth of her child, but since that event it has never returned, indicating that it was without doubt a reflex from the peculiar internal conditions.

CASE OF EXOSTOSIS OF HUMERUS STIMULATING AXILLARY DISLOCATION.* By JOHN B. ROBERTS, M. D., Philadelphia.

There is nothing especially interesting about the patient, whose photograph I present, except the situation of the bony growth.

CASE.—The boy, who is about eight years old, fell from a pair of steps, and struck upon his shoulders. As he was supposed to be hurt, his clothing was removed, and the condition shown in the photograph observed. The physician who first saw him at once took it for granted that the deformity was

*Read before the Philadelphia County Medical Society, May 27, 1891.

due to the fall, and that an axillary dislocation existed. He made unsuccessful attempts to reduce the supposed luxation. Shortly afterward I examined the boy, and found that the prominence, mistaken for a displaced head of the humerus, was an exostosis situated at about the epiphyseal line, between the shaft and the head. This, curiously, had never been noticed before by the child or his parents.

Some weeks subsequently, I removed the little tumor by means of chisels, and found it to be cancellated bone partly covered by cartilage. The wound healed promptly under the usual antiseptic treatment.

It is needless to say that the symptoms of dislocation were absent, except that there was a rounded mass of bone to be seen and felt in about the situation occupied by the humera head in subcoracoid luxation.

University of Texas.—We learn that it is proposed to open the medical department of the University of Texas in the autumn of this year. This department is to be at Galveston. The medical school will begin with nine professors and will give a three-years graded course of instruction of eight months each. Each of the professors will be paid, on an average, three thousand dollars per session. The Board of Regents will attempt to secure for the faculty comparatively young men, possessed of elements of success and capabilities of making a reputation for the institution. If this programme is carried out, Texas will have cause to congratulate herself.

The Medical Law of Alabama.—The penalty bill, as it passed the legislature, provides that any person practicing medicine or surgery in that State without having first obtained a certificate of qualification from one of the authorized Boards of Medical Examiners of the State, shall be guilty of a misdemeanor and on conviction thereof, shall be fined not less than twenty-five dollars nor more than one hundred. Provided, that this act shall not apply to any doctor practicing medicine in Alabama who is a graduate of a reputable medical college, and who has complied with the law by having his diploma recorded by the judge of probate in the county in which he is practicing.

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HIGHER MEDICAL EDUCATION.

We have always been in favor of a high and exalted position for the medical profession and we believe that this altitude will never be attained until the individuals who compose the profession are entitled to it by reason of their capabilities and acquirements. How such an end is to be attained, we will not consider here, simply because we regard it as a waste of time to indulge in Utopian schemes, it being much more profitable to watch the results obtained by following certain methods. We are much inclined to look upon the whole matter as one which is destined to work itself out through the slow but certain process of evolution. In this, as in all other things, "the survival of the fittest" must become a law and that which is the fittest, time alone can demonstrate satisfactorily.

In reviewing the entire question some amusing things are noted; some others are equally amusing in one light and rather humiliating, in another, but all furnishing much food for thought to him who looks a little below the surface. The cry for higher medical education comes chiefly from two classes of individuals—those who have no education at all, and those who desire to limit the output of doctors. In addition to these a small number, both intelligent and successful are desirous of seeing their chosen profession take its proper place and direct all their efforts to this end.

The question of length of college instruction has taken on a phase where it is of the highest interest to the spectator. Colleges are indulging in unseemly, undignified, covert assaults and resort to the politicians' measures to carry their point. In our State some colleges adopted the three year plan and then endeavored to have a bill passed by the legislature to force all into this method. This did not succeed and the State Board of Health was appealed to, but unsuccessfully. What was the motive that led to this sudden desire to force others to "be good." We can see no other than that the three year colleges were losing students, consequently money, and did not exactly appreciate higher education enough to compensate them for diminution of income. On the other hand, the "ungodly" — the two-year colleges — increased their earnings and smiled complacently. In fact, they are accused of defeating the proposed measures to create and enforce a compulsory three-year law, and this for sordid purposes. So that, granting the accusations of both parties we are still confronted with the original problem, does any advantage accrue from a protracted and graded course? Theoretically there can be no doubt of it. But, to obtain the desired result seems to us not yet possible. Medical students will have to be made to fill the requisite conditions. The majority, taking a graded course, are very apt to waste much valuable time during their first terms and only apply themselves closely during the latter part of their medical education. Their application is not alarming as they have "lots of time" in which to make up all deficiencies. In the short term method unremitting application is indispensable and this conduces to a proper appreciation of what is presented.

There is no doubt, whatever, that the best results have been obtained from what is termed the "optional" long course. The student who chooses to take more time to devote to study than is required of him, is serious and devoted to his chosen calling than he who is compelled to be a time server in order to obtain the coveted diploma.

Medicine is advancing with long and powerful strides and this very advance will, in a time, not far distant, force its influence in a manner that no one can nor will feel disposed to resist. To pass resolutions and laws does not educate. To force an individual to spend time does not add to his stock of

knowledge. But to train him to be intelligent, thoughtful, and thorough before he enters upon the study of medicine is to fit him in such a manner that he will voluntarily prolong his course and will eventually become not only a competent physician but an intelligent one as well.

The progress of medicine has been a rapid one within the last twenty years and there is no doubt, in our minds, that medical instruction has also progressed to a remarkable degree. Although the length of time has not increased, instruction has. The clinic has replaced the metaphysical discourse. The tendency to-day is to the practical and no one can deny that a statement of positive facts that occupies ten minutes, was formerly an unknown thing, the lecturer occupying hours in a fruitless endeavor to evolve the same things from his inner consciousness, sometimes successfully and sometimes unsuccessfully. We could go on to show the advantages and disadvantages of short and of long terms in medical colleges *ad infinitum*. The whole thing resolves itself as to fitness and ability, and the only method by which this can be determined should be the only question that demands any consideration.

To our mind the State Board of Health should be what its name implies — a board to look after the health of the people and enforce those methods which will secure this end. In addition to this a State Licensing Board should be created, composed of capable and honest men, unconnected with medical schools. Its duties should be to examine all applicants for a license to practice medicine irrespective of what college granted them diplomas. In other words, the college diploma would become a certificate of study entitling its holder to appear before the Licensing Board for examination. This board should be divested of all political bearings and it as well as the State Board of Health should be endowed with the proper power and means and be composed of competent men who are above suspicion.

This plan is not Utopian; it is feasible. Those who clamor for higher medical education certainly cannot object to it. Those who favor short courses should be willing to adopt it if their claims, that students can be qualified by their methods of teaching, are true. Moreover, the examinations could be conducted in such a manner that not the breath of a suspicion of unfairness would or could attach to the examiners.

Those who are licensed and practice should certainly have no objection as their method of obtaining a license was merely formal. So that taken all in all, the means indicated above seem to us the most satisfactory solution of a problem which promises to be of considerable interest ere long.

EDITORIAL NOTES.

THE TWO-YEAR COLLEGES were made a special object of condemnation in the annual address of the President of the American Medical Association. In fact he went so far as to recommend a course to the Association which was decidedly not *en règle* in view of later incidents. He stated that colleges who graduated students after an attendance upon two courses of lectures were not of the proper kind, nor were their graduates such as could be recommended. At least, those who had attended three full courses of lectures were by far the better class and the Association should refuse membership to physicians who had attended by two courses of lectures prior to graduation. Scarcely one month later we had occasion to see the announcement of the college, with which this gentleman is prominently identified, and *mirabile dictu* among the requirements for graduation we find an attendance upon *two* courses of lectures (italics not ours). Consistency thou art a jewel.

ENCOURAGING PROSTITUTION is what the *Toledo Medical and Surgical Reporter* considers the certificates of health to prostitutes, so far as their effect is concerned. It asks that when discharged cured, shall the lewd woman be given a certificate of health? Instead of answering the question it asks two more. What use will she put the certificate to? Does the physician know that she is free from contagious disease? Neither of the last two questions is difficult to answer. The fact that the physician knows what use she will make of the certificate makes him a party to licentiousness when he gives the "clean bill." As to the last question, every physician knows that, as representing a fact, the certificate is not worth the paper it is written upon. Of course, no one cares for the possible results that may come to a man for his having placed confidence in the certificate, but to prevent one's name being paraded among the lowest of both sexes, don't do it. Because it is a fraud, don't do it. Because it is wrong, don't do it.

EXAMINING BOARDS are not exactly to the taste of the apostles of higher medical education if we are to judge of an incident which occurred at the late meeting of the Missouri State Medical Association. As is well known there was a strong delegation present in favor of three terms for medical colleges. Dr. McAlester introduced a resolution asking the State Board of Health to place among its requirements for a license to practice, a compulsory attendance upon three courses of lectures and an examination before the board. This went through unanimously. Ere long the examination clause was discovered and the result was that a reconsideration of the vote was proposed and carried and the motion as it stood upon being put to a vote again was ignominiously defeated. The resolution without the examination feature was re-introduced and after a great deal of wrangling and filibustering was finally adopted by an overwhelming majority. The incident mentioned above, however, caused many to think and wonder why things were thus.

MEDICAL COLLEGE CATALOGUES are a source of anxiety occasionally and we read in the *Medical Standard* that the question whether a college catalogue's statements constituted an implied contract with the student who matriculates at the college, was recently brought up for decision by a New York court. Thomas Cecil matriculated at the Bellevue Hospital Medical College. After three years attendance and complete compliance with the conditions which entitled him to present himself for examination, he was informed by the secretary of the faculty that he would not be allowed to present himself for final examination, and that the corporation would not grant him a degree because the "faculty did not like him." He applied for a mandamus ordering the college to grant him an examination and the degree of M. D., if he proved successful therein. In answer to this application the faculty gave no ground whatever for its action, but claimed that it had the right arbitrarily without cause to refuse the examination and the consequent degree. The court granted the mandamus in a decision which holds that:

Where circulars issued by the college indicated the terms upon which students would be received and the right which they would acquire by complying with the rules and regulations of the college in respect to qualifications, conduct, etc.,

if a student matriculated under these conditions it was a contract between the college and the student that, upon complying, he should have the degree which was the end to be attained by his course of study. An institution can not take the money of a student, allow him to remain and use his time and then arbitrarily refuse to confer on him the degree which they have promised. While the court cannot review the discretion of a college in refusing for a definite reason to allow a student to be examined and receive a degree, yet in case of arbitrary refusal there is no exercise of discretion at all, but simply willful violation of duty.

It is difficult to see how a lawyer could take any other view. Medical colleges are granted privileges on the ground of being affected with a public use and hence liable to the ordinary principles of law governing corporations. No doubt had the attempt been made, the charter of the college could have been taken away for such an arbitrary performance, and a suit for libel could also have been successfully maintained.

THE SURGEON AND SURGEON GYNÆCOLOGIST, according to the *American Lancet* are a little too absorptive. It goes on to state that the most casual observer will have noticed the fact that for many years a surgeon, or a surgeon-gynæcologist has been selected as President of the American Medical Association. Thus Dr. H. O. Marcy was elected this year; Dr. W. T. Briggs last year; Dr. E. M. Moore the year before; Dr. W. W. Dawson, the year previous; who was preceded by Dr. Gregory, of St. Louis; he by Dr. Brodie, of Detroit; he by Dr. Campbell, of Augusta, Ga.; so as the history is continued we find surgeon or surgeon-gynæcologist occupying the post of President of the American Medical Association almost constantly. And yet it is claimed that the American Medical Association represents the entire profession. Are we to consider these able and excellent surgeons as representing the entire profession? Why then has the Association organized eleven sections? Why does it receive contributions from every department of medicine? It strikes us that the peculiarity alluded to should be eliminated. It is time the Association showed the world that it has members in other departments than that of surgery, suitable to perform the duties of President, and sufficiently distinguished to merit such honor as the position might indicate. Is it not time that the

surgeons and surgeon-gynæcologists exercised more modesty in pressing their personal claims for the posts of honor in the Association? Is it not time some thought was expended upon equalizing the conduct of matters in general in the Association? Under present arrangements the members of the sections on Surgery, Gynæcology and Obstetrics, and Practice of Medicine, absorb about the entire management of the Association's affairs. The members of the other sections are practically set aside, to act as ornaments, or adherents of the triune management. Is this the wisest plan to pursue in the endeavor to make the Association represent the entire nation? Is this the rational method for securing the best scientific work in the eight other sections, and so of obtaining for the *Journal* the best possible material? Is this in any sense either politic, or representative of Anglo Saxon fair play? It seems to us that reform in this matter is imperative for the further advancement of the profession. The best workers in all the section departments should be made to feel that their profit and pleasure were fairly looked after by the Association. The peculiarity of unfair or unequal representation in the management of Association affairs is not confined to the office of President, though we have used it as an illustration. It is time to look this matter squarely in the face, and ascertain the best measures, for placing the affairs of the Association upon a more equitable foundation.

A Cholera Demon.—The London correspondent of the *American Practitioner and News* states that a medical officer in the East Indian service states that the existence of a cholera demon is still firmly credited in certain districts of that empire. A native in a village near Allahabad recently assured him that the previous night his home had been visited by the cholera monster with a head like a large earthen pot. He and his brother drove away the spirit with bamboo clubs, and fired a gun to complete its defeat, as the creature fears noise. Some years ago, say the natives, three wizards enticed the demon into an earthen pot, and carried it to a neighboring hostile village to bury it by night. The rival villagers objected, and a fight ensued, during which the pot was broken and the demon again escaped.

Microscopy.

Notes on the Coming Meeting of the American Society of Microscopists.—Secretary Seaman writes from Washington under date of June 1, that the headquarters of the Society will be at Hotel Arno a new, beautiful and thoroughly first hotel run on the European or American plan as suits the guest. The rates have been cut in two for the occasion, and are \$1.00 per diem for room without board, or \$2.60 per diem with board (American plan). The hotel is situated on Sixteenth street near I, the Metropolitan line of cars running within a block of it.

The sessions will probably be held in the Columbia Medical School. The president's annual address will be delivered in the lecture room of the First Congregational Church.

The chairman of the local sub-committees are as follows:

Railroads, H. H. Doubleday.

Hotels, J. M. Lamb, M. D.

Finance, J. M. Yznaga.

Place of Meeting, Robert Rayburn, M. D.

The Local Committee thinks of having morning and evening sessions thus enabling the members to devote the afternoons to visiting the various Government departments where microscopy is carried on in a large scale.

A circular giving all information concerning railway fares, etc., will be issued shortly and will be sent to every journal at all interested in microscopy.

Study of the Flagella and Cilia of Certain Microbes.—Koch in his experiments to demonstrate clearly the cilia of certain schistomycetes successively tried and rejected a large number of reagents. The entire range of available anilin colors, tannic acid and alum solutions of carmine and hæmatoxylin were tried in every conceivable way. Finally picric acid was found to give tolerably good results, but after using it awhile he substituted for it the extract of Campeche wood. The concentrated aqueous extract was found to act admirably. To make durable mounts after staining the cover-glass preparations with the extract place them in Müller's fluid

or in a five per cent. solution of chromic acid. The extract forms with the chromic acid an insoluble blackish brown stain that is permanent when mounted either in glycerine or balsam. The writer has found osmic acid in strong solution and exposed to direct sunlight a capital reagent for these trying objects.

Another Bacillus of Syphilis.—As is well known, Lustgarten, some six or seven years ago claimed to have discovered the specific pathogenetic microbe (a bacillus) of syphilis. About the same time, in fact about simultaneously, Doutrelepont made a similar announcement. The description of the organism was in both cases almost identical—rods of from three to four micromillimetres (*mikrons*) in length, 0.88 mikron in thickness and resembling very closely the bacillus of leprosy and that of tuberculosis. These rods were sinuous or slightly S shaped, and were very difficult to stain. They were never found free but always congregated in nucleated cells. Lustgarten discovered his specimen in the initial sclerosis and in gummata, while Doutrelepont found the organism in a papular skin eruption and in condylomata. He subsequently detected them in the initial lesion. Gentian violet was the staining agent used in both series of experiments. Notwithstanding the subject was eagerly taken up by a number of trained experimenters (Gottstein, Klebs, Birch-Hirschfeld, Martineau, Hamonic and others) the matter remains just about where it was when Lustgarten published his work) in the *Wiener Medizinische Presse*, if I remember aright) “Die Syphilis Bacillen,” and pathologists to-day are very skeptical as to the existence of the so-called syphilis bacillus. The writer hereof by following the staining formulæ of Lustgarten* has found in sections of a syphilitic condyloma, violet stained bacilli answering closely to the description given above. Very recently, however, a new claimant for the honor of demonstrating a pathogenetic bacil-

*LUSTGARTEN'S STAINING PROCESS.—Dissolve eleven parts of a saturated alcohol solution of gentian violet in one hundred parts of anilin water. Let the sections or other material lie in this for two or three hours. Remove and wash in absolute alcohol for four or five minutes and transfer to a solution of fifteen parts of potassium permanganate in 1,000 parts of water. Let remain for ten minutes and finally transfer for a moment to a concentrated aqueous solution of sulphurous acid. If at the end of this process the sections are not bleached repeat the entire process from the absolute alcohol on. Dehydrate the bleached sections with absolute alcohol, clear with clove oil or benzol and mount in dammar or balsam.

ius of syphilis has made his appearance in the person of Dr. Thomas von Marschalko of Buda-Pesth and bath surgeon (*Bade-Arzt*) at the watering place Lipik, who claims to have discovered it in the secretions of syphilitics, and he gives the following method for the demonstration of the micro-organism *in situ*, in chancres, and syphilitic nodosities, etc. : "The material first hardened in alcohol, is placed in an alkaline solution of methyl blue and left there, at ordinary temperature, for thirty-six hours or longer. It is then rinsed with water and placed in a concentrated aqueous solution of vesuvin, and allowed to become deeply colored. Taken out, rinsed and sectioned, and examined in balsam or dammar, the bacilli will be found colored a deep blue, which shows very sharply against the brown colored tissues. The bacilli are always found in characteristic groups." This much we learn from a report of a discussion which took place in the Buda-Pesth Medical Society between Dr. Marschalko, on the one side, and Professor Schwimmer and Drs. Wohl, Pertik, and Makara on the other. The latter gentlemen were not willing to accept Dr. Marschalko's premises, and insisted, very wisely and justly, that the demonstration of certain bacilli in certain growths incident to syphilis by no means proved the "find" to be pathogenetic and causative. It will of course, be necessary for Dr. Marschalko to isolate the living microbe, make pure cultures, and cause syphilis by inoculation with the latter before we can accept his discovery as a veritable one.

The Pathogenetic Microbe of Grippe.—The secular journals announced a few days ago that the pathogenetic microbe of "grippe" had been discovered by one of the professors of the State University at Champlain, Ills. The name of the discoverer was not given, but as Prof. Burrell, one of the ex-presidents of the American Society of Microscopists, and an authority in microorganic botany, is one of the faculty of this institution, we may reasonably infer that the announcement has something of value back of it, and that later on this will be given to the world. From the very confused newspaper description of the micro-organism we should say that it is a micrococcus which has a tendency to arrange itself, *en chaîne* in knotted lines, like the figure 8. If this be the case the "discovery" simply bears out what every microscopist who has examined the sputa of persons suffering from the

grippe has surmised for some time past. The writer in January last made cover-glass preparations of some of the grippe exudation taken directly from the nasal fossæ, and also some of hard black pellets coughed up with infinite pain and trouble from the bronchial tube. The stain used was methyl blue and in every preparation the groups of this micrococcus were plentiful and were quite the most prominent objects in the field. As the disease modified its intensity the objects became less prominent and less numerous. The condition of the health of the writer, at the time precluded any experimentation in the direction of the isolation and cultivation of the coccus. Subsequently Dr. John E. Hayes, then of Sweet Springs, but now of Ferguson, Mo., brought in for examination several well prepared slides of sputum for examination for tubercle bacilli. Detecting numerous groups of the cocci above referred to we mentioned the fact and he at once replied that his patient was then slowly getting over an attack of grippe. He had noted the objects and had himself become convinced that they were in some manner connected with grippe.

F. L. J.

Dermatology and Genito-Urinary Diseases.

Salicylate of Mercury in Gonorrhœa.—As we have had occasion to remark, upon several occasions, there is no end apparently to the remedies recommended in the treatment of gonorrhœa. A. G. Silbermintz is said to speak highly of the following injection (*Journal of Cutaneous and Genito-Urinary Diseases*):

℞ Hydrarg. salicylat.....gr. iiii.
Aq. destillat.....℥ vi.
Gum. arabici.....q. s.

Ut ft. emulsio.

Sig. Shake well and inject three times a day.

This is evidently intended for use during the subacute stage of the disease although not so specified.

Chancre of Tonsil.—Paul de Molènes details an interesting case of chancre of the tonsil in a man of twenty-eight who had previously suffered from an attack of syphilis (*Annales de Dermatologie et de Syphiligraphie*). The histories of both

attacks were very conclusive. An interesting point in connection with the case was the location of the chancre—upon the right side. Nearly all observers have seen it involve the right tonsil, the only case of the kind which I ever saw also being in this location. Confrontation in the case reported above disclosed the fact that the woman's genitalia were entirely free of syphilitic lesions, but mucous patches were abundant in the mouth. The author regards the case one in which the disease was contracted through mediate contagion by the agency of the saliva, saying that direct contagion could hardly have taken place. As to this being a case of syphilitic reinfection, the doubts that might naturally arise are discussed. In view of the fact that the second infection occurred three years after the first one, and both were observed by competent men; and, moreover, presented the characteristic symptoms of the disease, the author regards the evidence as favoring the affirmative position.

Treatment for Freckles.—A writer in the *Lyon Médical* advocated the following :

℞ Ammonia muriat.....	4
Acid. muriatic. dil.....	5
Glycerini.....	30
Lait virginal.....	50

M.

Sig. The freckles are touched twice daily with a small brush dipped in the above.

As some may not know what Lait virginal is, the formula is here given :

℞ Tinct. benzoin.....	1
Aquæ rosæ.....	4
Misce bene.	

This must be well shaken in order to obtain the milky color characteristic of the mixture.

Fissures of the Hands.—The following method of treatment is highly extolled in the *Journal des Maladies Cutanées et Syphilitiques*. The hands are washed at night in lettuce water, after which they are moistened with the following :

℞ Tannin.....	gr. xv.
Glycerini.....	℥ iv.
Aquæ.....	℥ iiles.

M.

Then the following ointment is thoroughly applied :

℞ Ext. rhatan.....	3 ss.
Lanolin puriss.....	3 jss.
Vanillin	gr. jss.
Ess. rosæ.....	gtt. ij.

M.

The hands should be kept in large gloves during the night.

Treatment of Syphilis.—In a recent lecture, Dr. R. W. Taylor states (*Southern Med. Rec.*) that there is no drug which in his experience has been so efficacious during the early stages of syphilis as the protoiodide of mercury, but there is a limit to the use of this remedy. It is advisable to give it for the first month or two, and then to use inunctions of the mercurial ointment. The blue pill in the treatment of this affection he considers the most uncertain and capricious remedy that could be employed. When pushed it will produce salivation as rapidly as possible, but when it is acting blandly, it is doing no good at all. In case inunctions should not agree with the patient, he says he has found a sovereign remedy in the injections of the bichloride of mercury. He has been employing this method for over twenty-three years, and he has secured the very best results from the use of these injections. Speaking of the curability of syphilis he says, the keynote to the treatment of this affection is in pushing the mercurials during the first year of the disease, and that he can look back time and again and see children grow up to puberty vigorous and healthy, both mentally and physically, whose fathers he had at one time treated for syphilis. The reason why some patients remained uncured of this affection, is because of the difficulty of keeping them under observation and treatment for the required length of time, which is at least two years. I am inclined to consider thirty months as the shortest limit of time dating from the appearance of the initial lesion.

Aristol in Cutaneous Diseases.—We have had good results attending the use of aristol, but those obtained by Dr. Iginio Sormani (*Bolletino de la Poliambulanza*) are more than satisfactory, the cases having been previously under treatment without deriving any material benefit; of especial importance is a case of ulcerating epithelioma extending from the ala nasi to the eye (the diagnosis was confirmed by micro-

scopical examination). Concentrated solution of resorcin had been used without benefit, and the thermo-cautery and curette had proven unsuccessful. As early as six days after the application of a ten per cent. ointment of aristol cicatrization set in, and after thirty-five days a firm cicatricial tissue had formed. Ulcerating lupus and scrofuloderma were treated with aristol with much success, although a number of well known remedies had been previously tried without avail. A case of extensive ecthyma of the leg in a man is also reported¹ in which the eruption could be made to disappear by the use of calomel, but constantly recurred; after the application of an aristol ointment, however, a formation of firm, permanent cicatricial tissue took place. Numerous cases of ulcer of the leg were also successfully treated with this remedy. Sormani concludes that on the ground of his experience and that of others, he regards aristol as an excellent remedy which is superior to iodoform in many respects. It is easily applied and non-toxic as experiments have shown, no iodine being demonstrated in the urine after its application to an extensive surface which was denuded. However, we are not yet in a position to dispense with the other remedies and use aristol exclusively.

Excerpts from Russian, Bohemian and Polish Literature.

Urethritis in Women.—At a recent meeting of the St. Petersburg Obstetrical and Gynecological Society, Dr. Alexis L. Ebermann read a paper on the subject (*Vratch*, No. 14, 1891, p. 373). He commences by pointing out that, on an *endoscopical examination*, a normal female urethra is characterized by the following features: 1°. The mucous membrane of the canal is traversed with radial folds; 2°. The urethral orifice appears in the shape of a darkish spot; 3°. With regard to color, the urethral mucous membrane closely resembles the oral one; 4°. Muciparous glands are invisible. Passing to *acute urethritis*, the author says that, 1°. In a great majority of cases, the affection is of an infectious (gonorrhœal) origin, a traumatic causation being very rare; 2°. Subjective symptoms are usually but trifling, dysuria and stranguria occurring only in a small proportion of cases; 3°. On inspection, the outer orifice of the urethra is found to be of a

dark red color, with a bluish tint; occasionally it is surrounded with gonorrhœal condylomata; the walls of the canal are usually tumefied, while, on pressure, a drop of pus may be squeezed out from the meatus; hæmorrhage is met with only in some exceptional cases; 4°. On an endoscopical examination, the urethral mucous membrane proves to be of a dark red color and quite smooth (which is due to a complete obliteration of the said radial plicæ).—In cases of *chronic urethritis*, subjective symptoms are commonly altogether absent, the patient being reminded of her affection mainly by the appearance of pus spots on her linen. On an endoscopical examination, the urethral mucous membrane is similarly found to be dark red and void of the radial folds, but it is studded with granulations, which may be either scattered all over the canal, or limited to one of its walls. In certain cases, there are simultaneously detected clusters of hypertrophied mucous glands, as well as fissures in the vicinity of the neck of the bladder. Organic strictures of the female urethra are exceedingly rare.—As to the *treatment*, in acute cases, an expectant method is thought to be the best, while in chronic urethritis iodoform bougies, painting with nitrate of silver (one drachm of the salt to one drachm of distilled water) or with iodine tincture, and such means, should be resorted to. Condylomata may be either cauterized, or snipped off with scissors.—In the course of a discussion, Professor D. O. Ott, of St. Petersburg, differed from Dr. Ebermann in regard to an expectant method for acute cases, strongly advising an active treatment by irrigations of the urethra with weak solutions of corrosive sublimate. The patient's vagina should also be washed out with the same solution, in order to protect the parts from infection.

On Complication of Malignant Ovarian Disease with Cancer of Other Abdominal Viscera.—In the Bohemian *Sbornik Lekarsky* (edited by Professor Iaroslav Hlava and Josef Thomayer, of Prag), 1891, Vol. IV., Fasc. 2, p. 161, Dr. Václav Rubeska, of Prof. Hlava's laboratory, contributes an interesting paper on the question, in which he details six cases of malignant tumors of the ovary, complicated with cancer of the stomach or gall-bladder. Of the six cases, in five there existed ovarian cancer (in three on both sides, in two on one), while in the sixth a double spindle-celled sar-

coma was present. In four cases a primary (*not metastatic*) cancer of the stomach, and in two of the gall-bladder, was simultaneously found. In one case of ovarian cancer coexisting with malignant disease of the gall-bladder, there was diagnosed (during the patient's life) a gastric cancer, while the ovarian tumor was overlooked. In another case of ovarian malignant disease with gastric cancer, the latter was discovered during laparotomy. In the remaining cases the gastric complication was revealed only on the post-mortem examination. Discussing his cases as well as those from international literature, Dr. Rubeska arrives at the following conclusions: 1°. Multiple *primary* malignant new growths occur in the abdominal cavity much more frequently than is usually supposed. 2°. Malignant tumors of the ovary appear to be endowed with a yet obscure biological peculiarity, by virtue of which they seem to favor the development of cancer in such abdominal viscera (stomach, gall-bladder) as are generally liable to be attacked by the disease. 3°. The presence of any gastric disturbances in cases of ovarian malignant tumors must always induce the practitioners to undertake a careful examination of the stomach — more especially of the gastric juice and ejected gastric contents. In cases of intense ascites, tapping the abdomen should be performed in order to facilitate palpation of the epigastric region. 4°. In cases of ovarian malignant disease, complicated with similar tumors of some other abdominal organs, a surgical interference proves to be usually unsuccessful. Favorable results may be expected only in such cases where both tumors can be removed. 5°. In all female cases of gastric cancer, the ovaries should also be always examined with regard to new growths.

Oesophagotomy for Foreign Body in Infantile Gullet.
—Léonty P. Alexandroff, House Surgeon to St. Olga's Hospital for Children, in Moscow, reports (*Meditzinskiï Obozreniï*, No. 8, 1891, p. 816) a case of a boy, aged one year and nine months, of middling nutrition, who was admitted about forty-eight hours after he had swallowed a button, twenty-two millimetres in diameter. The patient could swallow liquids fairly freely, but solid food gave rise to vomiting. The foreign body proved to be jammed in the gullet twelve centimeters from the incisors. Repeated attempts at extracting

the button through the mouth having utterly failed, on the seventh day the boy was brought under the influence of chloroform, and external œsophagotomy performed. The incision, three centimetres long, was made in front of the left sterno-cleido-mastoid muscle, the foreign body being extracted without any difficulty. Hæmorrhage was trifling. The mucous membrane at the level was found to be ulcerated, and the œsophageal wall thinned. An attempt at closing the wound with sutures failed on account of friability of the walls. Hence, after washing out the parts with a boracic acid lotion, a drainage tube was inserted. The latter could be dispensed with on the next day. The wound soundly healed on the twenty-fifth day after the operation. On the twenty-ninth the child was discharged quite well.

The author points out that: 1°. International literature contains only ten cases of œsophagotomy for foreign bodies in children under three years of age, of which one refers to an infant, eleven months old, four to those aged from one to two years, and five to those aged from two to three. As far as Russia is concerned, Dr. Alexandroff's case of infantile œsophagotomy is the second one, the first having been published by Dr. Lisenkoff, in 1882. 2°. The mortality from the operation amounts to 27 per cent. The patients mostly succumb to septic phlegmon. 3°. As far as practicable, the œsophageal wound should be totally closed with sutures. 4°. In children, foreign bodies in the œsophagus are met with by far more frequently than those in the respiratory tracts. In the course of the last three years, in the said hospital, there were observed fifty-six cases of œsophageal foreign bodies, and only four of laryngeal ones, the grand total of admissions being 44,000. 5°. As a rule, foreign bodies become fixed in the upper isthmus of the gullet.

Koch's Tuberculin in Glanders.—In the *Utchenyia Zapiski Kazanskaho Veterinarnaho Instituta* [Scientific Annals of the Kazan Veterinary Institution], 1891, Vol. VIII, Fasc. 2, p. 41, Professor Ivan N. Lange, the director of the institution, communicated a case, which apparently shows that Koch's tuberculin may give rise to a "reaction," not only in tuberculosis, but also in glanders. A horse, 9 years old, suffering from typical advanced glanders, received a hypodermic injection of 0.4 gramme of tuberculin (in the form of a 10 per cent. aque-

ous solution), which was followed in 4 hours by a febrile rise from 38.8° C. (102° F.) to 39° C. (102.2° F.). An hour later, the temperature abruptly fell down to 37.5° C. (99 5° F.). In another three hours, it again rose up to 39.1° C. (102.3° F.), to sink once more in an hour or so. About 26 hours after the injection, the temperature reached its minimum level of 36.1° C. (97° F.). [It must be added that the same "constitutional reaction" was observed by Prof. Lange on injections of the "lymph" in cases of bovine tuberculosis or *Perlsucht*; *vide loc. cit.*, p. 39]. Simultaneously there developed a striking congestion of all cutaneous ulcers (on the neck, limbs, etc.), while later on the nasal discharge became blood-stained. On the seventh day, the animal died. On the necropsy there was found intense hyperæmia around the cutaneous and nasal ulcers, as well as in the immediate vicinity of pulmonary cavities. On inoculation of pieces of submaxillary glands to potato, colonies of bacilli of glanders (but no tubercle-microbes) were obtained.

On Expelling Tape-Worms.—In the Polish *Gazeta Lekarska*, No. 17, 1891, p. 327, Dr. Szczesny-Bronowski, of Tcherdyn, warmly recommends the following mixture, which invariably proves efficacious even in most obstinate cases where the usual administration of ethereal extract of male fern, or pomegranate bark, or couso flowers, has failed:

R	Extracti filicis maris ætherei.....	℥iij.
	Chloroformii.....	℥ij.
	Emulsionis olei ricini.....	ex ℥vi—℥iij.
	Syrupi menthæ.....	℥j.

M.

Sig. Divide in two equal portions and take both with half-hour intervals, early in the morning, on an empty stomach. The mixture should be well cooled down before using.

On the eve, at bedtime, the patient's bowels should be thoroughly cleansed by means of calomel (6 grains) or an enema. The tape-worm (be it a *tænia solium*, or a *bothriocephalus latus*) is expelled, head and all, within four hours after the second dose of the mixture. The addition of chloroform to the latter is important in two regards: on one side, the drug narcotizes the parasite and thus promotes the detachment of its head from the intestinal wall; and, on the other hand, it prevents nausea and vomiting which are so commonly induced by the internal administration of the male fern extract alone.

On the Statistics of Placenta Prævia.—Dr. S. F. Zimin, of Moscow, contributes (*Golitzynsky Lying-in Hospital Reports for 1890-91*, p. 77) a valuable paper on the subject, based on reports of sixteen Russian (7 St. Petersburg, 4 Moscow, 2 Kazan, 1 Warsaw, 1 Ekaterinburg, and 1 Perm) lying-in homes for the period of 1845 to 1890. The essential points of the statistical inquiry may be summarized somewhat as follows: 1°. The average percentage of cases of placenta prævia in Russia amounts to 0.267 [of the grand total of 117,897 labors, the anomaly occurred in 315], the proportion in individual hospitals oscillating between 0.023 and 3.906 per cent. [Comparatively with Germany, the percentage is very high, the average figure deduced from statistics of 9 German authors being as low as 0.14 per cent.]. 2°. In multiparæ the anomaly is met with nearly eight times as frequently as in primiparæ (88.7 per cent. against 11.8). 3°. It is observed most frequently in women aged from 35 to 40. 4°. Hard-working women seem to be especially liable to the anomaly. 5°. A lateral placenta prævia occurs thrice as frequently as a central one (78.9 per cent. against 21.1). 6°. Labor sets in most frequently in the course of the tenth lunar month, then in the ninth and eighth. 7°. In 75 per cent. of cases of the anomaly, the head presentation is discovered, in 12.5 the breech, and in 12.5 the transverse. 8°. As to the issue, 18.1 per cent. of mothers and 63 of infants die, while 71.9 of the former and 37 of the latter survive.

VALERIUS IDELSON, M. D.

Berne, Switzerland.

The Medical Congress of Cuba.—The second Medical Congress of Cuba will be held in Havana in January, 1892, under the presidency of Dr. Juan Santos Fernandez. This new organization is one of very high order and represents the strongest professional elements of the country. The published regulations show that the qualifications for membership are very high, requiring in addition to medical graduation, the possession of either an academic degree or the record of original work, meriting the approbation of the Congress. The Congress meets every two years in the month of January. Papers are limited to fifteen minutes and discussion to five minutes for each speaker. Papers may be read in Spanish, French or English.

Medical Progress.

THERAPEUTICS.

Infantile Bronchitis.—The following appears in the *Archives of Gynecology*:

℞ Vini ipecac.....mj.
Tinct opii camphorat.....gtt. ij.
Syr. scillæ.....gtt. v.
Aque menth. pip.....q. s. ad. ℥i.

M.

Sig. One dose to be taken every two hours.

Summer "Cod-Liver Oil."—M. Grasset has devised the following mixture which he states is an excellent substitute for cod-liver oil during the summer months:

℞ Natri iodidi..... 10
Natri chloridi..... 40
Natri bromidii..... 20
Aque destillat.....500

M.

Sig. One or two tablespoonfuls daily in a cup of milk.

He calls this iodo-bromated saline solution by the name given above.

A Mixture for Hæmoptysis.—The *Journal of the Am. Med. Ass.* states that Bamberger is said to have approved of the following mixture in hæmoptysis:

℞ Turpentine.....℥j.
Oil of sweet almonds.....℥j.
Mucilage of acacia.....℥iv.
Simple syrup.....℥iv.
Distilled water.....℥v.

M.

Sig. One teaspoonful of this mixture may be given every half hour.

Styracol.—The compound called by this name is according to the *Journal de Pharmacie et de Chimie* cinnamic ether of guaiacol. It is a body analogous to benzozol which is a benzoic ether of guaiacol. In order to prepare styracol, equal molecular weights of guaiacol and chloride of cinnamyl are mixed and allowed to stand for two hours, and then heated for some time over a water-bath. The mass is taken up with

boiling alcohol and filtered. On cooling, the styracol separates in long needles. It is purified by crystallizing in alcohol. Styracol melts at 130°C ., and is represented as a strong antiseptic. It is stated that when given internally, it acts well on chronic vesical catarrh, gonorrhœa, and catarrhal affections of the stomach and bowels.

Chlorosis.—We read in the *College and Clinical Record* that Dr. Lewis Brinton prescribed the following, in a girl of sixteen years, who had chlorosis :

℞ Acid. arseniosi.....gr. 1-60.
 Ferri sulphat.
 Kali carbonat.....āā gr. jss.

M.

Sig. Begin with three and increase to six pills daily.

Application for Erysipelas.—Besnier recommends the following to be applied by means of compresses :

℞ Salicylate of soda.....20 to 40 parts.
 Bicarbonate of soda.....10 to 20 “
 Boiled water.....1000 “

M.

The writer has had good results from the following painted on twice daily :

℞ Iodoform.....3 j.
 Collodion.....3 j.

M.

In some cases large doses of tincture of iron and quinine will materially aid in causing the trouble to disappear.

Hydrochlorate of Phenocol.—Dr. Hertel, assistant in Prof. Gerhardt's clinic, has published an account of some trials of a new antipyretic, hydrochlorate of phenocol (*Med. Age*), a white crystalline powder which is readily soluble in water. The dose required is from seven grains and a half to fifteen grains, and this reduces the temperature from 0.9° to 2.7°F ., without producing rigors, sweats, or any other disagreeable symptoms. The effect was very marked on some cases of rheumatic fever which had been treated without result by antipyrin, salicylates, phenacetin, and antifebrin. Here seventy-seven grains were given during the twenty hours and appeared to reduce the pain in the joints as well as the temperature. In a case of severe gonorrhœal rheumatism, however, no effect was produced. In phthisis, seventy-seven

grains during the twenty-four hours soon reduced the temperature almost to normal. It was noted that more effect was produced by the drug on the temperature during the day than on the evening rise. There was no injurious effect on the kidneys, but the urine was colored a deep reddish-brown by seventy-seven grains.

Trichloroacetic Acid.—As this remedy is both a caustic and an astringent, it finds numerous applications in therapeutics. A crystal of the acid attached to a silver probe may be carried to the point which is to be cauterized; a white, dry, very adherent eschar is formed, which gives rise to no pain, nor to any inflammatory reaction. As an astringent it may be prescribed as follows:

R	Iodini.....	gr. ivss.
	Kali iodidi.....	gr. vj.
	Acid. trichloroacetic.....	gr. ix-gr. xxij.
	Glycerini.....	℥il.
M.		

This lotion is useful in catarrhal affections of the mouth, nose, uterine cervix, etc., in which there is hyperplasia of the mucous membrane.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Multiple Epithelioma of Œsophagus and Stomach.—At a meeting of the Montreal Medico Chirurgical Society (*Montreal Medical Journal*), Dr. Johnston exhibited a specimen, which had been obtained at the autopsy from a patient who had recently died in the hospital. It was a very unusual condition. Two epitheliomata were found high up in the œsophagus, whilst within the stomach, close to the œsophageal opening, was another tumor. The liver contained two large tumor masses and two smaller ones; the former were broken down in the center. They differed in their microscopical appearances from those found in the œsophagus and stomach. The cells were not arranged in nests, but in alveoli. It was very difficult to say which was the primary tumor. But few of these cases have been reported.

Tuberculosis in Children.—Boltz in his Inaugural Dissertation (Kiel), states that the frequency of tuberculosis in children from birth to the fifteenth year follows the following progression. His statistics are based on the autopsies of 2,576

children, made at Kiel from 1873 to 1889. Of this number 424 had tuberculosis or 16.4 per cent. The percentage at different ages was as follows :

Still-born.....	0.0 per cent.
From birth to 4 weeks.....	0.0 "
From 5 to 10 weeks.....	0.9 "
From 3 to 5 months.....	8.6 "
From 6 to 12 ".....	18.3 "
From 1 to 2 years.....	26.8 "
From 2 to 3 ".....	33.0 "
From 3 to 4 ".....	29.6 "
From 4 to 5 ".....	31.8 "
From 5 to 10 ".....	34.3 "
From 10 to 15 ".....	30.1 "

Cystic Tumor of the Jaw.—At a meeting of the Pathological Society of London (*Provincial Medical Journal*), Mr. H. Bertram Robinson described a specimen removed from a man, æt. forty-nine, by Mr. Syndey Jones, on October 18, 1889. Ten weeks before admission he had a severe blow on the right side of the lower jaw, causing a little bleeding into the mouth, but no wound of the skin. This was followed in three weeks by pain and swelling. On admission there was a tumor the size of an orange on the outside and below the lower jaw fixed to the bone, and felt from within the mouth to be wrapping round its lower border. It extended from just outside the symphysis to the anterior border of the masseter. The skin was adherent and slightly reddened. No enlarged glands. On section it was rounded, with a fairly well-defined edge; the bone was not expanded, but its outer surface was eroded by the growth. It had a fibrous appearance, and scattered through it were small cysts. Microscopically, there was seen to be a fibrous stroma with extensive round-celled infiltration; embedded in this were epithelial masses arranged in a lobulated manner. On the outer side of the masses the epithelium was columnar, but in the centre the cells became spheroidal, and in some places vacuolated. There were no epithelial nests to be seen. The soft tissue in the interior of the bone showed no growth at all, only a little inflammatory round-celled infiltration, and from this, coupled with the non-expansion of bone, it could be said definitely its origin was not central. The tumor strictly was not one "of the lower jaw." Of a similar tumor he could find no record in patho-

logical literature, but it bore some likeness histologically to some of the cystic jaw tumors described by Mr. Eve in his lectures at the Royal College of Surgeons in 1882. As to the origin of the growth, it must have started from one of the skin appendages or from some epithelial remnant in relation with the first branchial bar. If from the latter, which seemed the more probable, there was good reason for its resemblance to certain cystic jaw tumors which might arise from similar rudiments embedded in the maxilla; and, again, it was known that curious cystic epitheliomata arise in the neck lower down, whose origin could only be associated with similar remnants in relation with the lower arches and clefts.

Level of Attachment of Lower Limb to Vertebral Column.—At a recent meeting of the Royal Academy of Medicine in Ireland (*Dublin Journal of Medical Science*), Professor Birmingham read a paper on the variability of the level of attachment of the lower limb to the vertebral axis in man. He referred to Paterson's investigations on the position of the limb in different mammals, and to Rosenberg's theory of the headward shifting of the sacrum and consequent shortening of the movable portion of the vertebral column. Rosenberg advanced the view that the vertebral column in man had in its primitive form twenty-five movable vertebræ in front of the sacrum, the present form has twenty-four, and the future form will have twenty-three. In the same paper he describes a separate cartilaginous rudiment of a rib in the first lumbar transverse process of the embryo, which disappears by fusing with the transverse process at a later period. Professor Birmingham sought for examples of either the ancient or the future form of vertebral column as described by Rosenberg, and in less than fifty subjects he found two examples of the former, none of the latter. In each of these specimens the sacrum was developed one segment further back than normal. In each the cervical vertebræ were seven in number, the dorsal twelve, and the lumbar six, the sacral five, the coccygeal three. That this condition was due to a shifting of the sacrum backwards was shown by the nerves. The last nerve which normally contributes to the lower limb (lumbo-sacral) plexus is the third sacral or *nervus bigeminus*. This is an easily-recognized nerve; it divides into two parts—one goes to the sacral, the other to the pudic plexus; it normally comes out beneath

the third sacral vertebra, conversely the vertebra beneath which it comes is the true third sacral. In both specimens referred to above, the nervus bigeminus came out beneath the second piece of the sacrum, consequently the second piece of the sacrum in these cases is the true third sacral vertebra. In similar fashion the coccygeal nerve came out beneath the last piece of the sacrum. The relations of both these nerves show that the sacrum has been developed one segment further back than normal. Besides, in one of the specimens there were two well-developed lumbar ribs, connected to the pedicle and transverse process of the first lumbar vertebra; in the other case, on one side only was a lumbar rib present. Here, then, is the ancient type of vertebral column with twenty-five movable vertebræ, and here also the thirteenth rib, which has been suppressed owing to the advance of the lower limb, appears again, reproducing the condition of this part of the column and of the ribs found in the gibbon.

Shedding Bones.—The following story is related by a correspondent of the *Medical Standard*: The following case was reported to the East Tennessee Medical Society by Dr. Bell, of Parrottsville. The patient is seventy-one years of age, seemingly in perfect health, a well-preserved woman of medium height, average weight, and normal in every other respect. Twenty-one years ago the exfoliation of bone began in her fingers, and has during the succeeding years continued until she has twice shed ulna and radius, humerus, scapula and part of inferior maxillary. This shedding takes spontaneously without pain, hæmorrhage, suppuration, inflammation, or inconvenience. On one occasion when churning she shed the radius. There is no deformity, supination, pronation, extension, flexion and circumflexion being perfect. The bones shed (about six hundred pieces) were, on careful inspection by the society, found to be entirely natural. She has given about one hundred pieces of bone away as souvenirs. The woman is conscious of the pending expulsion of a bone about ten minutes before it takes place, and a perfect bone is always left in its stead. The bone makes its way out, always on the posterior side, and the wound heals by first intention though at the "exit of the bones" were numerous small scars. Half of the radius is expelled at one time, the articulation being perfectly natural. There is no history of scrofula, can

cer, or other disease. She has lived in the country, and has never been exposed to chemicals nor ever been poisoned. She has always been in comfortable circumstances and is cheerful.

Acromegaly Following Severe Fright.—A case of this curious condition is reported by Pel (*The Review of Insanity and Nervous Disease*). A girl, æt. twenty-four, in blooming health, received a very severe fright in March, 1889. The next day she complained of headache, and pains and uncomfortable feelings in various parts of the body. There was asthenopia, eyes being intact, and great mental depression. No nervous ancestry. Menstruation was absent since the day of the shock. Soon after the fright, her friends noticed that her head was becoming larger, and she soon found that she could not get gloves or stockings large enough. The lower jaw projected considerably, the mento-occipital diameter being ten inches, the corresponding circumference being twenty-eight inches. The nose was large and flattened, as well as both lips. The hands and feet, as well as the lower sections of the forearms and legs, were enormously, though symmetrically enlarged. Length of hands eight and one-fifth inches; of middle finger four and two-fifths inches; of index four inches. Length from acromion to tip of fingers, thirty-two inches. Both patallæ, the crests of the ilia, both clavicles, and the spine were enlarged, the thorax being normal. This is the first case reported in which a definite etiological factor has been determined.

DISEASES OF WOMEN AND CHILDREN.

Incontinence of Urine in Women.—Duret has had occasion to treat two women, by means of a method but little known as yet, for obstinate incontinence of urine, due to absence or trouble of the sphincter. He employs a modification of Pawlik's procedure, which he has performed as follows (*Annales des Mal. des Organes Génito-Urin.*): He makes a circular incision around the urethral canal. He next makes a second incision three to five-sixteenths of an inch outside of the first. The zone of mucous membrane included within these two incisions is cut out. The canal then lies free in the wound. The urethra is dissected up for a distance of three-eighths of an inch. The mucous membrane is drawn to the pubis by means of catgut, and the urethra thus forms a trans-

verse slit, lodged under the pubis and almost in contact with the clitoris. As a result of this operation, there occurs a lengthening of the posterior wall of the urethra, and this canal forms a curve whose concavity is upwards. It is also probable that the sphincter is replaced by a cicatricial band, which straightens the curve and is sufficient to retain the urine. In the two cases operated upon the functional result was satisfactory.

Cœliotomy in Rupture of Parturient Uterus.—Dr. Henry C. Coe is opposed to the expectant plan of treatment in rupture of the uterus during parturition (*Boston Med. and Surg. Journal*) and advocates the following:

1°. Arrest hæmorrhage, either with forceps or the temporary rubber ligature.

2°. If the tear is small (two inches) and is low down in Douglas's pouch, drainage per vaginam may be indicated.

3°. If the tear is clean-cut, without contusion of the edges, and does not involve the cervix or broad ligaments, it may be closed with deep and sero-serous sutures.

4°. If the tear is not low down, is extensive, with contusion of the edges, and especially if a portion of the fœtus protrudes, amputation of the uterus, with extra-peritoneal treatment of the stump is indicated.

5°. In extensive transverse tears in the lower segment, and in tears beginning in the cervix and extending upwards through the broad ligament, the writer would strongly urge the propriety of total extirpation of the uterus as the operation *par excellence* (as it is in many cases of hystero-myomectomy), for the following reasons: (a) It requires less time than Porro's operation, and is quite as easy, especially if the patient is placed in Trendelenburg's posture. There should be no great shock or loss of blood. (b) All the contused tissue is removed, which if left behind in the stump, will inevitably slough and imperil the life of the patient. (c) Drainage is perfect, and after thorough irrigation and toilet of the peritoneal cavity, it can be closed, drainage being maintained per vaginam with iodoform gauze, as after vaginal hysterectomy.

In conclusion, the writer deprecates any intention of recommending a heroic method of treatment to the entire exclusion of a more conservative one. He is an avowed conservative in abdominal surgery, but believes that rupture of the

parturient uterus is a desperate emergency, in which a fatal termination is the rule, and it requires prompt and energetic treatment, according to the rule of modern surgery. The fact that the statistics of cœliotomy in these cases has shown a large mortality, is not an argument against the operation. In every case the accoucheur, if not himself a surgeon, should, without an instant's delay, summon experienced counsel and explain to the family that immediate resort to abdominal section may be necessary, as only by prompt interference can we improve statistics, and thus elevate the operation above the level of a hopeless and apparently unnecessary surgical experiment.

SURGERY.

Primary Cancer of the Trachea.—Dr. Pick states (*Wiener Med. Woch. Schrift.—Satellite*), that he has had occasion to observe and gives an account of this extremely rare condition—so rare, indeed, that by many pathologists it has been stated not to exist at all. The patient, who was suffering from cancer of the trachea, was a man aged fifty-seven, who complained of severe dyspnœa. The laryngoscope revealed reddening and swelling of the lower part of the laryngeal mucous membrane. On August 26, 1890, tracheotomy was performed low down. Even then but little relief was afforded by an ordinary tracheotomy tube, and it was not until a long catheter was passed some distance down the trachea that complete relief was obtained. On October 13, 1890, as the breathing was fairly comfortable and no further symptoms supervened, the catheter was removed. Two days later, another attack of dyspnœa rendered re-introduction of the tube necessary, but before it could be passed in the patient died. The necropsy revealed the fact that the trachea was completely imbedded in a cancerous mass, which stretched back to the vertebral column and was invading the œsophagus, though it had not yet ulcerated through into it. The larynx was quite free above and the lungs below. The growth appeared to have begun in the deeper parts of the mucous membrane of the trachea, and, after causing it to swell, ulcerated and blocked the trachea, spreading to the surrounding parts as described above.

Primary Dislocation at the Ankle.—As all surgeons are aware this injury is a very rare one and it is on this account that we reproduce the narrative of a case, in the *Medical Rec-*

ord, by Dr. J. L. Babcock: On September 22, 1890, C. S—, a mason, was at work at the top of a tower, which at that time was about seventy feet high. The only means of ascent and descent were furnished by a rough elevator, such as is commonly used in building operations. After the load of brick or stone was taken off the platform of this elevator it was usually allowed to come down "by the run." S— stepped upon this platform on the morning in question, and neglected to give the signal to the engineer below that the "float" was coming down loaded. The engineer in the meantime had thrown off the brake from the drum, around which the cable was wound, so that the man came down the elevator shaft with great speed. Of course the rapidity and force of his descent were very materially checked by the friction of the drum and the two pulley-wheels over which the cable passed, but he received a violent shock when the elevator struck the ground at the foot of the tower. The man was standing on the little platform with the right foot in advance of the left, in which position the former foot would be in plantar flexion. The sudden checking of his fall gave his body a strong downward impulse, and thus were presented the conditions necessary for the production of a rare injury. The result of this sudden downward pressure brought to bear upon the foot in plantar flexion was the forcing forward and downward of the tibia and fibula without fracture, thus forming an uncomplicated or primary dislocation at the ankle. Dislocations complicating Pott's or other fractures in this region are very common, but the uncomplicated form of the injury is very unusual. The man made a good recovery.

Excision of Gasserian Ganglion.—Dr. Edmund Andrews states, in the *Chicago Medical Recorder*, that he thinks he has an improved method over that of Rose's. The latter's method is as follows: 1°. Two perpendicular incisions are made, each commencing two inches above the zygomatic arch, one at its anterior and one at its posterior extremity, and passing down to Steno's duct, connect the two by a horizontal incision along the zygoma. 2°. Saw off both ends of the zygoma and turn it down, with the masseter muscle attached, on the side of the jaw. 3°. Saw off the coronoid process and turn it up upon the temple, with the temporal muscle attached. The loose connective tissue beneath contains the internal maxillary ar-

tery, which may have to be tied. Clearing away the loose tissue the external pterygoid muscle appears, and below it two large nerves running down from behind it, the inferior dental and the gustatory. 4°. Following these nerves up they join into a large trunk which is enclosed in a strong sheath which comes out of the foramen ovale just where the posterior edge of the external pterygoid plate joins the floor of the skull. 5°. Clearing away the tissues a trephine is applied. This instrument has a long center-pin of about half the ordinary diameter and blunt at the end. The pin is inserted into the foramen ovale and a button of bone removed. It is well to make the shaft of the instrument pretty long. 6°. The dura mater is now exposed and must be opened, and the ganglion extracted by a hook-shaped, blunt-pointed knife, a blunt hook, etc. The external flaps are replaced and the divided bones wired together.

Andrews' modification is as follows: 1°. He makes the external incisions according to Rose's plan. 2°. Tie the internal maxillary artery, cut the external pterygoid muscle near the condyle, and draw or snip it away. The pterygoid ridge of the temporal bone is now exposed. Between the ridge and the foramen ovale there is a triangular level space, some two and one-half centimeters in diameter, which contains no important organ. Clear away the tissues from it. Set a two-centimeter trephine in the level triangle with its inner edge within about three millimeters of the outer border of the foramen ovale and remove the button. If the middle meningeal artery bleeds, tie it, or else tie or compress it where it enters the skull through the foramen spinosum a few millimeters outward and backward of the posterior end of the foramen ovale, or if preferred you can plug the foramen spinosum. 3°. With narrow gouge forceps bite away the isthmus of bone between the trephine hole and the foramen ovale. Then pull the nerve firmly outward, and bite away the other edges of the foramen. You now have an ovate field of dura mater exposed with the strong inferior maxillary nerve depending from it. Draw the nerve outward, and open the dura mater just beyond it by an incision half encircling the origin of the nerve. This will open the bursa beneath the ganglion, allowing you to look into a dark cavity showing as a black crescent, enlarge the incision sufficiently and with blunt hook

and Rose's hooked knife cut the superior maxillary, and the ophthalmic divisions close to the ganglion. 4°. Open the end of the capsule pretty freely and with forceps draw the nerve inward, and patiently dissect the ganglion from its firm adhesions to the roof of the capsule. 5°. As this dissection is a little tedious, he thinks no harm would be done if the roof of the capsule were snipped away with curved scissors, bringing the ganglion with it, and allowing the convolutions to settle down upon the floor of the capsule, but it has not been tried upon the living patient.

Umbilical Hernia in Children.—J. M. Thomas Chapman states (*Med. and Surg. Reporter*), that he tried a number of appliances that he constructed with negative results, but one idea leading on to another with the same end in view resulted in making the following:

He made a jacket about six inches wide, of silk fabric, nicely padded with sixteen eyelet holds on either side. He used absorbent cotton for padding, as it takes up all the impurities that may arise from the cuticle. It is a disinfectant, and makes the jacket soft and light. He attached anteriorly, and posteriorly over both right and left shoulders, strips two inches wide; these strips are padded the same as jacket, their use is to hold the jacket in place, as its natural tendency is downward. He used a round silk elastic for lacing the jacket, this cord will give easily and is stout enough to adjust itself. If the flatus in the bowels is excessively abnormal he gives a simple laxative which will generally relieve them. He takes the pad from the water truss, removes the metallic plate from the silk gauze over the exposed surface by means of silk threads. He then adjusts the pad to the hernia and attaches the pad to the jacket while in position. The beauty of this pad is its lightness, and softness, and yet it is sufficiently stout to hold parts in place, without enlarging the aperture. It does not abrade, and can be worn without any discomfort to the child. When the child is asleep, he recommends that it be removed, and replaced on awakening.

He claims the following advantages for this simple device: 1°. That it is light, and yet stout enough to hold parts in place without discomfort to the child. 2°. The water pad is such that it will not produce force enough to enlarge the aperture, as we know its natural tendency is to be displaced. 3°. It

will not abrade, and can be worn, if the bowels should be enlarged, from accumulation flatus, as the silk cord will give to such an extent as to adjust itself to the surroundings. 4°. And last, but not least, if it does not obliterate the hernia, it facilitates subsequent retention.

Progress in Surgery was the title of an article before the Kentucky State Medical Society, by Dr. Ap. Morgan Vance, of Louisville. The doctor said that in this age of ours which can be properly called the most progressive age the world has ever known, surgery has certainly kept up with if not outstripped everything else in its onward strides. He entered a plea for the better treatment of the surgeon by the general practitioner. He objected to the pampering of sentimental feeling on the part of the non-surgical medical, which kept up the idea in the minds of the laity that surgeons have no feeling, that they would rather see blood than eat and that they care nothing about killing people. People often say they will die before they will submit to the knife and they do die often for the lack of a proper knowledge of the surgeon and his ways. The people should be taught that surgery is conservative, that it is humane and that procrastination is often fatal. Some physicians have an erroneous habit of calling a surgeon to operate at the first visit made on their diagnosis and prognosis. This is very embarrassing at times, especially if he cannot agree in either diagnosis or prognosis. Another is to call a surgeon to do an operation or set a fracture and never allowing him to see the patient again. Another plea is for the more discriminate use of opium, the indiscriminate use of which in surgical cases is one of the greatest evils of the day. A hypodermic injection of morphia will sometimes mask symptoms greatly. My experience is that the surgeon can get along with very much less opium than can the physician in a given number of cases. To the introduction of antiseptics is due more than anything else, the present perfection in wound management. An imperfect knowledge of the technique and a misunderstanding of the power of antiseptic agents, is accountable for nearly all failures. My experience teaches me that many men think that all that is needed is to have the solution of carbolic acid, corrosive sublimate, or what not, in abundance, without much regard to the vessels which contains them, or much

need to the strength, usually deciding this by guess. Few recognize the fact that antiseptics are used to render doubly sure our efforts at asepsis. Antisepsis is now so simplified that no man is excusable in doing surgery without understanding and practicing it. He favored drainage in the treatment of wounds. He hoped that the term radical operation for hernia would become not a misnomer as it now is, and thought we should term the present operations palliative. The subject of anæsthesia is one interesting to every one working in surgery and can in several ways effect surgical progress. You will find advocates of ether and advocates of chloroform and advocates of the A C E mixture. Now I can assure you that all and any of them are bad enough to make most surgeons breathe easily only when they hear the patient speak after the operation is done. I can confess I am afraid of the anæsthetic and my feelings of security are just in proportion to my confidence in the man who is in charge of this part of the operation. Except in exceptional cases where one or the other anæsthetic is indicated, I think the choice ought to be decided by the personal experience of the man who is to administer it. If I had to choose between an experienced chloroformer and an experienced etherizer I would prefer the latter in all cases where no special indications are present. This is a subject of very great importance.

Book Reviews.

International Clinics : A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Ophthalmology and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M. D. ; J. P. CROZER GRIFFITH, M. D. ; J. MITCHELL BRUCE, M. D., F. R. C. P. ; and DAVID W. FINLAY, M. D., F. R. C. P. 8vo., pp. 357. Illustrated. [Philadelphia : J. B. Lippincott Company. 1891.

Our readers may remember that some time since we had the pleasure of announcing the early appearance of this work. The present is volume I. for April, 1891, and the promises made by the publishers have been more than fulfilled. The

lectures are not only readable, but interesting and instructive as well. There are thirty-six lectures in this volume, every one of which will repay careful perusal. Being of a purely clinical nature, the reader is brought into closer *rapproch* with the lecturer, and he enjoys an advantage which would otherwise be impossible, viz.: obtaining the lectures of a number of teachers widely separated, geographically, and representative of different modes of thought and procedure.

As some one has very aptly remarked, a physician is enabled to obtain a complete post-graduate course of instruction without being compelled to leave his office. The lectures, for the most part, are marked by that essential characteristic of all clinics—the practical—and this is the very object sought after by the individual engaged in the practice of medicine. He will find many familiar pictures described, and will also be brought to look upon them in a new light, and deduce conclusions which had before entirely escaped him.

Twelve plates and eighteen engravings add to the elucidation of the text, and being executed in the highest style of art, are an ornament as well as a help to the work.

The editors have done their work well, and their interest in the work is manifested on every page. Add to this the splendid manner in which the publishers have seconded these efforts, and there can be no surprise at the fact that the International Clinics have met with such a large sale as we understand has occurred. The work is certainly a new departure, and a good one, and we can do no more than express a wish that it will continue to meet with marked success, for it certainly deserves it.

Sexual Neurasthenia. Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous. By GEORGE M. BEARD, A. M., M. D., (Posthumous Manuscript.) Edited by A. D. ROCKWELL, A. M., M. D. Third Edition with Formulas. 12mo. pp. 282. [New York: E. B. Treat. 1891. Price \$2.75.

The first edition of this work created a great deal of interest when it made its appearance in 1884. The author had made a stir by his work on neurasthenia and the specialization of this condition to the sexual system served to open up another new field. It is unfortunate that the work was a pos-

thumous one, although Dr. Rockwell, the author's former associate, has edited the work in a manner to which no exceptions can be found. He has made a coherent whole of a number of independent papers and has added considerably of his own matter.

In the present edition the editor has made some further observations upon the various modes of application of electricity in the treatment of the condition which is described and, in his experience, this form of treatment is the one which is pre-eminently indicated. As is well known, Beard had much faith in therapeutics of a medicinal nature and the work before us bears ample evidence of this fact both in the number and the variety of formulæ which are given.

Among the more interesting chapters are that on the evolution and relation of the sexual sense, and that on sexual hygiene. A portion of a chapter is devoted to a subject which has received much attention at the hands of neurologists of late years—sexual perversion.

In chapter VI, illustrative cases are given and in the concluding chapter the diet for the nervous is considered.

The volume is well gotten up and reflects credit upon the publisher as well as upon the editor.

Literary Notes.

The Climatologist is a new journal which is to appear about July 1.

A New Weekly Medical Journal it is said will appear in St. Louis in the near future. Dr. Bransford Lewis is to be the editor, according to the same report.

The Medical News is now edited by Dr. George M. Gould. Dr. Hobart Amory Hare retired from the tripod on June 6 last, on account of the numerous other duties which encroached upon his time.

The Cincinnati Lancet-Clinic has suffered a loss in the retirement of Dr. J. C. Culbertson as editor. Dr. Culbertson was among those who, not only added dignity and lustre, to the editorial profession but also brought the highest talents to bear upon it. He was very deservedly made editor of the

Journal of the American Medical Association which we have no doubt will now assume its proper position under his management.

L'Univers Medical is the title of one of the many new medical journals which have lately appeared in Paris. It is edited by Dr. Séxéns, a pupil of Dr. Apostoli.

The American Doctor is a quarto monthly of four pages issued at Richmond, Va. It is printed on very poor paper and edited anonymously. We cannot commend the newspaper form adopted as it is certain to lead to the early destruction of the paper by those who receive it. It belongs to the class of journals which contain "short, practical articles," and abstracts.

Practical Notes in Urinary Analysis as its name indicates is an opusculé which can not fail to be of service to the general practitioner who desires a guide to the reliable and practical methods of testing urine. Dr. William B. Canfield has succeeded in doing this, enclosing his work in a very small space and without omitting any of the essentials. Of course, chemical and microscopical refinements are not dealt with, as these come properly within the province of specialists in this direction. This little work is published by Geo. S. Davis, of Detroit, in the Physicians' Leisure Literary, the price being twenty-five cents.

The Diseases of Personality, by Theo. Ribot, is a valuable addition to psychological literature. The body of the work is in four chapters, viz: Organic Disorders, Emotional Disorders, Disorders of the Intellect, and Dissolution of Personality. Pathological cases are surveyed at great length with the conclusion, "as the organism so the personality." "The organism and the brain as its highest representation constitute the real personality, containing in itself all that we have been, and the possibilities of all that we shall be." "Conscious personality is not a representation of all that takes place in the nervous centres, it is but an extract, a synopsis of it." "The unity of the ego is not that of the one entity of spiritualists, which is dispersed into multiple phenomena, but the co-ordination of a certain number of incessantly renascent states, having for their support the vague sense of our bodies." To all admirers of the brilliant, yet solid work of the modern

French school of psychology, we recommend a careful study of the author's views on the ever-interesting problem of "mind and matter." The above opusculc of 157 pages is interesting and worth careful perusal. It is publishbd by the *Open Court Publishing Co.*, of Chicago, the price being 75 cents.

H. F. J.

Electricity, its Application in Medicine, is a number of the Physicians' Leisure Library, published by Geo. S. Davis of Detroit. In the present instance it appears in two volumes, the price being twenty-five cents for each. The author Dr. Wellington Adams, has devoted much time to the scientific study of electricity as well as to its practical applications in the arts and in medicine. In the present work we are presented with a brief and practical exposition of modern scientific electrotherapeutics. The author dwells at length upon the principles and any one who will master his little work will discover how much there is to learn in regard to electricity. The special applications of electricity to individual diseases are not considered, this being reserved for a subsequent work. We can heartily commend Dr. Adams' book on account of its correctness and the lucid manner in which the subject is presented.

Fever: its Pathhlogy and Treatment by Antipyretics is an essay by Dr. Hobart Amory Hare, who won the Boylston Prize of Harvard University in 1890. It has been published as No. 10 in the Physician's and Students' Ready Reference Series by F. A. Davis, of Philadelphia, the price being \$1.25. The author has enclosed a mass of valuable information in the 166 duodecimo pages of his work and not the least important part of this is the recital of the untoward effects of a number of popular antipyretics, which he has tabulated in some instances. This little work will assist in filling a hiatus which has long existed, for there are comparatively few modern works on fever and yet this is perhaps one of the most common conditions which comes within the observation of the practitioner. This very fact should ensure a large sale for the work more especially when the worth of the essay becomes known.

Medical Symbolism constitutes No. 9 of the Physicians' and Students' Ready Reference Series, published by F. A. Davis, of Philadelphia. This duodecimo of one hundred and sixty-

seven pages represents the last work of Thomas S. Sozinsky who was a well known writer upon medical subjects. Himself a well educated, well read man, nothing but a work of the greatest interest and value could be expected from his pen. And such is the character of the book before us. It contains historical studies of the symbols used in the arts of healing and hygiene, aptly illustrated and carefully considered. To those unacquainted with the history of medical symbolism it will prove a revelation; and to those who are conversant with it the little book before us will be read with the same relish as a novel. No physician should be without it. A cause of regret which we wish to express is the untimely death of the author who would without doubt have made further valuable contributions on the same subject had his life been spared. The completeness of the present work is a marvel when we take its small size into consideration. It is offered for sale at \$1.00.

Pamphlets Received.—The following pamphlets and reprints were received during the past month, and we take this opportunity of returning our thanks therefor: Aspiratore-iniettatore del Dr. Emilio Pittarelli (Extract from *Attes del Cong Ital. de Med. Interne*, 1890.); Amputations in the Light of Prosthetic Science, by Charles Truax (Read before the Nat. Ass. of R. R. Surgeons, May 1, 1891.); Resection of the Optic Nerve, by L. Webster Fox, M. D. (Reprinted from the *Medical and Surgical Reporter*, May 30, 1891.); Report of Committee on Pathological Anatomy, Parynchematous Aspiration: A New Method of Diagnosis, by Albert Abrams, M. D. (Read before Med. Soc. State of Cal., April 21, 1891.); Wiring of the Vertebrae as a Means of Immobilization in Fracture and Pott's Disease, by B. E. Hadra M. D. (Reprinted from the *Times and Register*, May 23, 1891.); The Soziodol Preparations and their Value in Therapeutics, by J. A. Nitschmann, M. D.; La Lèpre en Nouvelle-Calédonie par M. le Dr. M. A. Legrand, avec une Introduction, par M. le Professor H. Leloir. (Extrait des *Journal des Maladies Cutanées et Syphilitiques*, Avril, 1891.); Des Affections Cutanées Pures ou Hybrides déterminées par l'Inoculation des Agents de la Suppuration, par le Professeur H. Leloir (Extrait du *Journal des Maladies Cutanées et Syphilitiques*, Février, 1891.); Le Lupus Vulgaire Erythematoïde, par le Professeur H. Leloir. (Extrait du *Journal des Maladies*

Cutanées et Syphilitiques, Mai, 1891.); Dell' Excisione dell' Ulcerò nella Cura Abortiva della Sifilide, dal Prof. H. Leloir. (Estratto dal *Giornale Italiano delle Malattie Veneree e della Pelle*, Settembre, 1890.); Away with Koch's Lymph! by Nicholas Senn, M. D., Ph.D. (Reprinted from the *Chicago Medical Recorder*, June, 1891.); Fifty-fifth Annual Announcement of the Medical Department University of Louisville, Session 1891-92; Eleventh Annual Announcement of the University Medical College of Kansas City, Mo.

Books Received.—The following books were received during the past month and will be reviewed in future numbers of the JOURNAL:

A Practical Treatise on Diseases of the Skin, by Henry G. Piffard, A. M., M. D., assisted by Robert M. Fuller, M. D. 4to, pp. 157, with fifty full-page original plates and thirty-three illustrations in the text. [New York: D. Appleton & Co. 1889. St. Louis: W. Ennes, 904 Olive Street. Price \$15 by subscription only.

International Clinics: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology. and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada, Edited by John M. Keating, M. D., J. P. Crozer Griffith, M. D., J. Mitchell Bruce, M. D., F. R. C. P., David W. Finlay, M. D., F. R. C., P. Vol. I, April, 1891, 8vo. pp. 357, illustrated. [Philadelphia: J. B. Lippincott Company, 1891. Price, half leather, \$3.00; cloth \$2.75 per volume, by subscription only.

A Treatise on Diseases of the Nervous System, by William A. Hammond, M. D., with the collaboration of Græme M. Hammond, M. D. 8vo. pp. 932, with 118 illustrations. Ninth Edition, with corrections and additions. [New York: D. Appleton and Co. St. Louis: John L. Boland Book and Stationary Co. Price \$5.00.

American Association of Andrology and Syphilology.
—The fifth meeting of this Association will take place in Washington, D. C., on September 22-25, 1891, in connection with the Congress of American Physicians and Surgeons. Daily sessions will be held from 9 A. M. to 1 P. M.

Society Proceedings.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

April Meeting. The President Dr. Henry M. Wilson in the chair.

Ascites.—Dr. Wm. P. Chunn related a case of ascites which he treated by tapping and permanent drainage with apparently good results.

Dr. B. B. Browne, operated more than a year ago upon a woman with ascites who also had an abdominal tumor which proved to be papillomatous.

There has been no return of either the dropsy or the papillomatous growth. He referred to the many cases of laparotomy and washing out the abdominal cavity.

Dr. Geo. W. Miltenberger could not see why any malignant tumor should not be able by the irritation of the serous membrane to cause ascites. We often see ascites without any definable cause and when a growth did exist it seemed a very good reason for the presence of the fluid. He referred to the case of a colored woman operated upon by Dr. Neale.

Dr. L. E. Neale said that in the case of the colored woman referred to, there was no assignable cause for the ascites except the presence of a subserous uterine foetus myomata, at the operation he removed the uterine appendages. The growth remained but there was no return of the ascites. There was also a complete procidentia but after the operation he was enabled to keep the uterus in place with a soft rubber ring.

The tumor gradually diminished and ultimately disappeared.

Is the exposure and irritation of the serous membrane during the operation, a sufficient explanation of such an alteration in its function when the apparent cause of the ascitic extension remains?

He thought the question eminently important and practical in its bearings and that it required further elucidation.

Dr. Wilmer Brinton remarked that in a case of cirrhosis of the liver in a male patient, tapping for the ascites had been

followed by a permanent opening which persisted until the patient's death one month afterward.

Dr. J. Whitridge Williams, in referring to Dr. Moseby's remarks said that the ascites accompanying papillomatous growths was considered to be due, in great part to direct exudations from the vessels of the growth—he also referred to tubercular peritonitis.

Fibroid.—Dr. B. B. Browne exhibited a small tumor about the size of a large hickory-nut and apparently a fibroid which he had removed from a point a little to one side of the median line and between the clitoris and urethra. It pressed on the urethra interfering with micturation. The growth was easily shelled out and the patient did perfectly well. It was the first growth of the sort he had seen in that locality.

Imperforate Rectum.—Dr. Neale related a case of imperforate rectum in a white male child naturally born at full term, of healthy parents. The child was puny, weighing only five and three-quarters pounds at birth and one inch within the anus, the rectum was imperforate. Dr. F. Hanny operated upon the child when it was two and a half days old, very feeble and partly cyanosed. No anæsthetic was used, anus was cut through, the perineal structures laid open, the coccyx removed, the rectum opened through its posterior wall just above the imperforate part and its mucous membrane stitched to the skin just behind the original aperture. The stitches sloughed out and the large wound healed slowly by granulation. A copious discharge of flatus and meconium occurred during the operation and the tympanitic abdomen disappeared.

Profound shock and collapse followed the operation, the child lying motionless, the feet and lower limbs cyanosed, the face and head less so—jaw dropped, mouth opened, eyes closed, lids blue, surface temperature but little if at all lowered. No cry. The features were frequently pinched or wrinkled from pain, becoming more or less blue at irregular intervals.

In this condition the child would make no effort at suction but would swallow two teaspoonsful at a time of milk and brandy when poured into the mouth, rarely refusing to swallow and never vomiting the food and stimulus which were given freely and frequently.

For nearly two days and a half did it remain in this state, partially rousing during the administration of food or other disturbances and again relapsing. Even after this period when the first decided improvement occurred, the child would frequently relapse and remain in this condition for hours at a time. The first two weeks of its life was passed in this manner. The digestive and urinary apparatus functioned normally.

From the tenth to the fourteenth day these attacks gradually diminished and ultimately disappeared.

The child is now nearly two months old but very feeble and weighs only five and one quarter pounds. It has been reared chiefly on condensed milk. The dense cicatrix just about the seat of the old imperforation has to be dilated daily with the finger; another operation will be necessary.

No diagnosis of abnormality in vascular system could be made.

Dr. Brinton mentioned the case of a child which lived nine or ten days with an open ductus arteriosus.

Dr. Miltenberger said that in Dr. Neale's case the sphincter and anus were perfect. On introducing his finger to the end of the cul de sac he felt what appeared to him the end of the gut bone.

He thought that no undue trouble could account for the symptoms in the case. The cyanosis would not clear up entirely and then recur. He did not consider the condition one of collapse. There was no feebleness of pulse or coldness of surface. The child would lie in an apparently comatose condition with no evidence of sensation and then recover. The first attack followed immediately the operation and evidently from shock; but after two or three days it could not be attributed to this cause.

There was no chill or febrile condition.

After the child had commenced taking food he used quinine by inunction and also small doses of dialyzed iron and as he believes with benefit from the latter.

He was inclined to account for the condition in this way: a very feeble child had food forced upon it for eight or ten hours and when it had taken in all it could, it apparently fell into a condition similar to that of hibernating animals, and when the supply of food was exhausted it would recover and take more

nourishment. This condition entirely disappeared after the first two weeks.

ST. LOUIS MEDICAL SOCIETY.

Saturday Evening, May 16, 1891.

DR. MCPHEETERS in the chair.

Abscess in Head of Humerus.—Dr. Carson presented a specimen which shows very prettily what is supposed to be a tubercular abscess in the head of the humerus. The patient from whom it was removed was seized eighteen months ago with pain in the shoulder for which he could not account, and upon consulting his physician, it was supposed to be simply rheumatism. This continued for some months, when an intermission occurred and the patient apparently recovered. This again was followed by a recurrence of the pain, and six months ago he says a boil appeared upon the front of the arm just about the insertion, or just above the insertion of the deltoid; this was opened and a quantity of pus discharged; this was followed in time by other abscesses, and this by the development of numerous sinuses, one over the scapula, quite large and extending in several directions; but the main sinus lay towards the shoulder-joint. There was also a large opening in the front of the arm, just along the anterior border of the deltoid muscle extending almost down to its insertion, as well as one posteriorly at the margin or border of the latissimus dorsi. Upon careful examination made by Dr. Gregory and myself earlier in the week, we failed to discover diseased bone; the bone, so far as could be ascertained, was entirely covered with periosteum, but we determined to cut down, and, if any evidences of disease of the bone were found, remove them. This morning the speaker made an incision, which included the sinus in front of the arm, requiring very little division of new tissue. The bone being reached and an incision made through the periosteum, he felt a portion of the head of the humerus which imparted sensations satisfying that it was diseased or dead. The periosteum was then raised, and with a gouge an opening made in the front of the bone, which entered an abscess cavity. All the surrounding soft tissue was then separated, and the head of the bone lifted from the cavity surrounding it, and the diseased portion removed. The aceta-

bulum was not diseased at all. With the curved scissors all the soft and diseased tissue composing the joint was removed, drainage tubes introduced through the sinus, so as to give me complete drainage, the cavity fitted with gauze and a small quantity of iodoform, a bandage placed around the waist, and the patient put to bed in fair condition.

Saturday Evening, May 23 1891.

DR. WILLIAM DICKINSON in the chair.

Hypertrichosis.—Dr. Johnston presented a patient and said: This little girl is four and a half years old, unusually bright and intelligent. Her mother was about sixteen and her father seventeen years old when this child was born. No peculiar history attaches to the case, except that the mother associates the hirsute phenomena with her accustomed service of milking the cow. It is a case of abnormal development of hair, which covers the neck and shoulders and extending down on each side, especially the left, corresponding in color with the hair on her head. There is a circular patch on the forehead of the size of a quarter of a dollar, and smaller patches on the extremities. The parents are living; the mother is living out at service. During the last two months suspicious symptoms of hip-joint disease have developed.

Large Fibro-Cystic Tumor Springing from Uterus.—Dr. Edward Borck presented a tumor and said: This tumor was removed from one of my lady patients at 12 o'clock last Tuesday. The history of the case is as follows: Mrs. C. N., from Kansas, was sent to me by her family physician in 1885, then weighing ninety-six pounds, her usual weight; five feet seven or eight inches high; blue eyes, brown hair mingled with gray; she is *æt.* 41, and has one child *æt.* about 14. At that time (1885), her menstruation was regular, and she was otherwise healthy; but two years since she noticed a small tumor in her abdomen which had gradually increased in size; she wanted to know what could be done. Upon examination the diagnosis made was a fibroid of the uterus; the ovaries not being involved. The lady was advised not to insist upon an operation at that time, but to go home, as she had but little pain and was quite comfortable, and wait until her climacteric period had passed. This advice was given for the reason that these tumors often cease growing after menstrea-

tion has ceased ; sometimes they even atrophy and cause the patient little or no trouble ; no unnecessary risk was therefore incurred by delay. However, this tumor continued to grow until it reached a very large size, when arrangements were made that she should return to me seeking permanent relief. She accordingly returned a week ago yesterday. She then weighed 121 pounds. A careful examination confirmed my former diagnosis, being that of a fibroid tumor of the uterus, probably fibro-cystic, without adhesions ; the left ovary not involved ; the right might be affected with cystic degeneration ; of this latter the diagnosis was not positive. Under these conditions and as the patient was determined to have an operation done, and everything being favorable, the operation was advised, and performed as stated. All are familiar with the details of the operation, during which nothing unusual occurred ; she rallied from the chloroformisation. The operation, dressing and toilet required considerable time. The temperature at no time has been over 100°; nor the pulse over 80 except once ; her breathing at one time was 24 ; to-night her temperature was normal ; her pulse 70, and her breathing 18. Three or four of the sutures in the abdomen were removed to-day, not a drop of pus appearing ; the wound has closed by first intention. No examination has been made of the tumor. After the operation, no carbolic acid, no bichloride of mercury was used, nor anything but warm distilled water with which the abdomen was thoroughly and leisurely flushed. In this case the pedicle was very broad. The patient lost scarcely two ounces of blood during the entire operation. The tumor weighs twenty-one pounds and seven ounces.

Saturday Evening, May 30, 1891.

J. C. Mulhall, M. D., Vice-President, in the chair.

Fractured Patella—Wire Suture—Perfect Result.—

Dr. Lutz said : Some time ago he had the pleasure of reading notes of cases of fracture of the patella, and exhibiting patients ; notably a man who at that time was fifty-five years of age and upon whom the speaker had operated in the previous February, for fracture of the patella. His history was, that on the first of January before, he had fallen upon a slippery sidewalk, and when speaker visited him, he had synovitis of the knee joint, which was treated by aspiration and subse-

quently immobilization; he recovered so as to be able to walk about; the weather being again of a kind that makes sidewalks slippery, he fell again, and fractured the patella of the same leg. The mode of treatment suggested was wiring the patella, to which he submitted. A perfect result was attained, because the motion of the joint was perfect, and union was secured. He had no trouble with the knee after he recovered from the operation. He died about a month ago of carcinoma of the pylorus. The specimen presented is illustrative of the practice now sanctioned by many operators, notably by Dr. Phelps, of New York, who reported in the last November number of the *N. Y. Med. Jour.*, quite a series of cases, in which the operation was done primarily with very good results. It is well known that the chief difficulty, in securing an osseous union of the segments of the patella, is the interposition of the popliteal aponeurosis—the aponeurosis which is formed by the tendon of the quadriceps extensor passing over the interior portion of the patella, which is ruptured, and then folds down over the fractured surface, especially over the upper fragment; and becomes so firmly welded to the broken surface, that it is necessary in doing the operation, to pick it off, as it were, with the forceps. Macewen demonstrated this fact many years ago, and although we obtain very good results from the so-called fibrous union—the formation of a tendon between the two fragments—still the limb suffers in consequence of the absence of osseous union. The gait may be almost perfect on level ground, but the patient experiences difficulty when he attempts to ascend a flight of stairs, the proper and graceful locomotion of the individual is interfered with, by means of the absence of osseous union. This specimen illustrates the manner in which ordinarily the silver wire is introduced, and also the complete osseous union obtained in a case of this nature. The wire was twisted and pressed down into the sulcus between the upper and lower fragments; in this instance, it extended internally on the articular surface of the patella into the joint itself. It, however, never interfered with locomotion.

The speaker had performed the operation ten times, and in all good results were obtained. He had performed the operation primarily, as has been suggested, even before the absorption of the blood—simply clearing out the joint cavity, and

performing the operation three or four days after the receipt of the injury. This specimen is presented because of its rarity and the result of an operation, which, in the minds of many, is still *sub judice*.

Dr. French inquired the depth of the suture ; whether it is sufficient to approximate the surfaces, without passing through the entire thickness of the bone. He had been fearful of doing otherwise than penetrating the entire thickness of the bone, because of the strain required ; much force is ordinarily requisite to approximate the fractured surfaces ; the force of the quadriceps extensor, drawing the upper fragment upward, with considerable force, must be counteracted by drawing it away ; and he had been fearful that the wire might break through, if the entire thickness of the bone was not embraced.

Dr. Meisenbach inquired if extension, flexion, and the movements that are common to the normal joint, were restored.

Dr. Lutz replied, in answering that question, of course, he was put upon his individual evidence, but in no case, in which he had done the operation and which he had watched, and he had followed as many as he could, was there stiffness of the joint. This man, for example, could bend the knee of the right side as much as that of the left. Some cases he had not been able to follow ; but he could possibly put his hand on five or six, and these patients invariably had a better joint when discharged, than in the cases treated formerly, after the mode of Dr. Hamilton. He ventured to say that a nearer approach to a physiological joint has been obtained than had obtained in the other instances.

Dr. Meisenbach rejoined. The position that a great many surgeons take is this : If we can not guarantee a bony union even when the operation suggested is performed, why should the patient be subjected to the jeopardy—why cause this risk? Although the amount of risk is small, in proportion to the number of cases operated on, under the present aseptic precautions, there is still a risk.

Metzger, of Amsterdam, has instituted a procedure, which he had the pleasure of seeing him pursue in the operation, in a number of cases. The position taken by him, and followed by many of his disciples, is this : that it is not of so much consequence, that the bone be restored to continuity, as that the

muscles of the thigh, and especially the quadriceps extensor, should be kept up in its physiological condition and tone. They claim that the period of rest and confinement causes the muscles to lose their tone; therefore the patient loses the utility of the limb; and that to this alone are due the untoward results of the fracture of the patella; and upon this basis he instituted a plan of treatment which he calls massage of the limb. Within four days after the receipt of the injury, having placed his patient upon a posterior splint, he begins massage of the limb once or twice a day, gradually rubbing the fragments and managing the parts above. He does this two or three weeks, when the patient is gradually allowed to get up. Ligamentous union occurs in due time, one, two, three or even four inches in length. The speaker saw a number of patients that he had treated in that way. One patient had passed a period of three years with an extension between the patellar fragments, at least four inches in length; and yet, that patient was able to walk, run and jump so naturally that no one would suspect that there had been any injury to the leg. Now the question arises, if this is possible by Metzger's method, why should an operation be performed which must be more less dangerous to the patient. It is true we work aseptically and antiseptically, but it is impossible always to keep the knee aseptic or antiseptic; and accidents may occur to the best of operators who have performed operations on the knee-joint. The speaker felt if for a patient, a fair joint can be secured without operative interference—something that would approximate the normal joint—he would accept that, and believed his patient would be better off without the operation.

Melange.

Iodism may be prevented, it is said, by the administration of five grains of bicarbonate of sodium three times a day.

Dr. Walter Wyman, a former resident of St. Louis, and for a number of years connected with the Marine Hospital Service has been marked out, it is said, for a very high official position. The resignation of Dr. John B. Hamilton, Surgeon-General of the M. H. S., has created a vacancy which Dr.

Wyman is to fill. While we are more than pleased to see our friend thus honored, we are also happy to state that the distinction is a well earned reward of merit not only for zeal but for capabilities as well. It is safe to predict that the service will enjoy continued improvement in the hands of the new Surgeon-General.

The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, October 14, 15 and 16 next. A large attendance is an assured fact, but there is always room for more, and while all regular physicians are welcome, it is more particularly those of the Mississippi Valley who should make it a point to attend. That the coming meeting will be a grand success we know, and the further fact of the well-known hospitality of St. Louis will certainly attract those who have been there formerly, and it is these who should take it upon themselves to bring their medical friends. There is a possibility of dividing the afternoon sessions into a few sections should the attendance and number of papers justify the course. The committee of arrangements, however, will fully consider everything, and will, without doubt, satisfy everybody as it has done in the past.

The Kentucky State Medical Society held its thirty-sixth annual session at Lexington, Ky., May 27, 28 and 29, 1891. It was a very full meeting and all the members left the city feeling that it was good to have been there both in a scientific and social way. An able address of welcome by Dr. David Barrow, Chairman of the Committee of Arrangements, opened the meeting. The President's address by Dr. Geo. W. Beeler, of Clinton, was followed by an address by Dr. Lyman Beecher Todd, of Lexington, on "The Reciprocal Relations of the Public and the Medical Profession."

Among the ex-Presidents who occupied seats on the platform were, Drs. W. H. Wathen, J. A. Ouchterlony, L. S. McMurtry, of Louisville; A. D. Prig, of Harrodsburg; Pinckney Thompson, Henderson; J. N. McCormac, Bowling Green; C. H. Todd, Owensboro; H. B. Skillman and L. B. Todd, of Lexington.

The officers for the coming year are: President, Dr. Hawkins Brown, of Huestonville; first Vice-President, Dr. B. L. Coleman, Lexington; second Vice-President, Dr. John

Young Brown, Henderson; Treasurer, Dr. J. B. Kinniard, Lancaster; Board of Censors, Drs. B. W. Stone, Hopkinsville; Chas. Mann, Nicholasville, and S. W. Willis, Winchester. Louisville was chosen as the place of the next meeting.

Among the social features were a brilliant reception given by the ladies to the visiting doctors and ladies, and the far famed beautiful women of the Blue Grass region were there in numbers. A banquet was given at the Phoenix Hotel to two hundred and fifty guests, by the members of the local profession after the evening session Thursday evening. Mrs. Dr. B. L. Coleman gave a dinner the same evening at her home to the visiting ladies and a number of wives of Lexington physicians. Among the visitors from Cincinnati were Drs. T. A. Reamy, A. W. Johnstone, G. I. Cullen, G. W. Ryan, T. P. White and E. S. McKee.

Inter-Continental American Medical Congress.—The object of this is to have a meeting of the medical men of the Western Hemisphere assembled in one Congress. A committee was nominated at the last meeting of the American Medical Association. The following officers were elected: Charles A. L. Reed, Cincinnati, Chairman; J. W. Carhart, Lampasas, Tex., Secretary; I. N. Love, St. Louis, Treasurer. An adjourned meeting will be held at St. Louis, Oct. 14, 1891 when a constitution will be presented and the time and place of meeting of the Congress decided as well as the election of permanent officers.

Moral Advantages of a Double Vagina.—The following is told in the *New Orleans Medical and Surgical Journal*. The moral advantages of a double vagina: As health officer the author was examining a woman of the town, but, after passing the speculum, could see nothing of the uterus, although its existence had been proved by the birth of two children. Noticing his perplexity the patient, a lively young Frenchwoman, said, with utmost nonchalance: "You won't find what you are looking for down there, senor; I have two passages with one entrance, and you have taken the wrong turning—permit me." A little manœuvre, and there was the os plainly enough! A more exact examination showed that she had a double vagina, the septum a thin lax membrane, with which she

could deftly shunt the speculum into a *cul-de-sac* or on the uterus at will. And, then, after entreating that her secret should not be disclosed, she explained with engaging frankness the advantages of this novel arrangement: "You should know that there is a young fellow who adores me: for him I reserve the true passage. Do you think I would allow any one else to enter there! No, senor I respect myself too much. But the other is at the service of my friends; *there* they may innocently divert themselves as much as they please."

A Doctor Vindicated.—The danger of practicing medicine is frequently illustrated in courts of law when attempts are made to obtain money or revenge by falsely accusing a physician of indecent assault. The *Australasian Medical Gazette* states that a case of extreme interest to all members of the medical profession occurred recently at Bathurst. Dr. Edmunds, a highly respected practitioner in that town, being charged by a husband and wife with having indecently assaulted the latter during a visit to his consulting-rooms. The doctor was acquitted without being called on for any defence, and at the conclusions of the trial at the Bathurst Circuit Court, on April 29, the presiding judge, His Honor Mr. Justice Stephen, remarked that he had heard many incredible stories, but he never heard a story more incredible than that told by the two witnesses for the Crown (husband and wife) in this case.

A Parisian Dinner.—According to *Le Cosmos*, the following is the agreeable *menu* of a Parisian dinner:

As aperitive, a vermouth, which is rendered agreeable by the addition of sulphuric acid.

The diner then attacks his potage of tapioca—made of potato starch to which copper has been added.

His butter is made of calf's fat colored with lead.

His roast, of inferior quality, has been improved with saltpeter; he discovers a few truffles made of pressed clay.

The vinegar of the salad is seasoned with vitriol.

The peas—a little too green—taste of the copper which has given them their color.

Dessert: A chocolate cream; the chocolate is made of glucose, red oxide of mercury and red ochre.

For coffee, he is given a mixture made of horse-liver roasted in the oven, black walnut sawdust, and caramel.

His small glass of kirschwasser, which terminates the dinner, contains as high as twenty-two centigrammes of prussic acid to the litre.

After such a meal the Parisian has a terrible thirst; he wishes to drink beer, and he drinks it. It is a decoction of poppy-heads, elder, belladonna, datura stramonium, soda, tan-bark and picric acid!

A Diagnosis.—Says a writer in the *Western Medical Reporter*: Nature with a lavish hand has endowed the human body with no less than s'teen million of spots to which an ache or pain can be attached. When each one of these spots, both inside and out, is filled with a hard platinum tipped pain; when your head aches so that you are conscious of all the ruffles and scallops on your brain just as you see them in the pictures in your physiology; when your heart thumps and your stomach wobbles and you have the feeling that something is wallowing through your inside works; when your sternum feels stove-in and there is an uneasiness under your shoulder blades as though your wings were beginning to sprout; when you are one moment alive to the finger tips with thinking of the things you must get up and do and the next completely exhausted by even the thought of doing them; when your back-bone has the sensation of being twisted by a monkey-wrench; when you are so dizzy that you can't see, and your ears ring and eyes water and your nose is in such a state that it is presumption to lay aside your handkerchief for one short minute; when you cough and sneeze and groan in turn—in fine, when you feel like the very deuce—you can set it down that you have the grip.

The Fifty-ninth Annual Meeting of the British Medical Association will be held at Bournemouth on Tuesday, Wednesday, Thursday, and Friday, July 28, 29, 30, and 31, 1891. The President is Dr. W. F. Wade, of Birmingham. An address in medicine will be delivered by Thomas Lauder Brunton, M. D., F. R. S. An address in surgery will be delivered by John Chiene, M. D., F. R. C. S. Ed. An address in public medicine will be delivered by Edward Cox Seaton, M. D.

Miscellaneous Notes.

Dyspepsia, with Nervous Debility.—Invaluable.

R Fluid Hydrastis 1 ounce.
 Celerina (Rio) 2 ounces.
 M. Sig.: Teaspoonful before each meal.

Charles Dudley Warner says that the difference between the "faith cure" and the "mind cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind—*Albany Med. Annals*.

From the *Philadelphia Times and Register*, page 21. It looks as if the long-felt want of a remedy for influenza has been found in the *Febicide Pills*. We have given one every four hours in a number of cases, with very promising results.

Walker—"Good gracious, Wentman, how you have changed—only a ghost of your former self. What have you been doing?" Wentman—"Following out the 'health hints' in the newspapers."—*American Grocer*.

I had a confirmed case of epilepsy on hand having from five to twenty fits a day, I tried Bromide Pot. and Chloral and while this treatment reduced the attacks considerably it did not compare with the effects of Peacock's Bromides, I am just in receipt of a letter from the patient's father asking me to send him some more of that medicine for his child, saying that he has not had a fit in three weeks.

T. P. STEELE, M. D.

Black Mingo, S. C.

Mrs. Maladee:—"Oh, doctor, why do I feel so dreadfully blue late?"

Dr. Bluntlee:—"Perhaps, madame, because you use so much rouge; they are called complimentary colors, you know."—*Pharmaceutical Era*.

Alex. M. Bligh, M. R. C. S., Eng., etc., Liverpool, England, says: S. H. Kennedy's Extract of *Pinus Canadensis* is an invaluable remedy for most diseases of the mucous surfaces, especially of the throat, and indeed the whole intestinal mucous membrane. In throat affections, relaxed uvula, chronic laryngitis, assuming the form of aphonia clericorum, to which teachers, singers and clergymen are subject, I have found its administration, both internally and as a gargle, most useful. I have considerable experience of its efficacy in clergymen, and find it invaluable in neurosis of larynx.

Economical.—Sam Johnsing—"I'se all right now. I'se gwinter git up."

Mrs. Johnsing—"What dat, you fool niggah? Jess youstay right dar in bed 'tel you has tuck all dis medsin what I dun paid a dollar fur. You tink I gwine hab it wasted?"—*Siftings*.

Dr. G. Genersich and Dr. P. Naecke.—"Dr. G. Genersich has prescribed Chloralamid in thirty-two cases, giving thirty grains at night. This dose was generally sufficient to induce sleep within half an hour. A more certain effect and a longer sleep was obtained when forty-five or sixty-grains were prescribed. He considers Chloralamid preferable to other hypnotics, both because it is less unpleasant to take. It must be remembered that its effect is negative when sleeplessness is due to pain. It is not by any means a dangerous drug, but headache and vomiting may occur after a very large dose. It does not seem to affect the digestion nor the renal functions. The pulse generally becomes softer and more frequent."—*Med. Record*.

Would Be Tempted.—An editor, who does not mind a joke at his own expense, says he went into a drug store recently and asked for some morphine. The assistant objected to giving it without a prescription. "Why," asked the editor, "do I look like a man that would kill himself?" "I don't know," said the assistant, "if I looked like you I should be tempted."

Wyeth's Beef Juice is one of the latest and one of the best nutritive preparations in the market. It has already become a favorite with physicians on account of its evident and special adaptness for the class of cases in which such preparations are required. The high reputation of the house of John Wyeth & Bro., gave it at once an introduction to the confidence of the profession. Its convenience of administration is one of the arguments in its favor, as, unlike almost all other kindred preparations, it is given in lukewarm water (never with boiling water), as the valuable albuminous elements are rendered insoluble by extreme heat. From our own personal experience with it, we can testify fully to its possession of all the merits which have been claimed for it.—*The College and Clinical Record*, May, 1891.

His Complexion Was all Right.—"Hab yo' got any medicine dat will purify de blood?"

"Yes, we keep this sarsaparilla at \$1 a bottle. It purifies the blood and clears the complexion."

"Well, boss, hasn't yo' got sumfin fo' about fifty cents jess fo' de blood? I don't keer about the complexion."—*Life*.

ST. LOUIS, June 20, 1888.

I very cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well known and able pharmacist of this city and known as Dioviburnia, the component parts of which are well known to any and all physician who desire to know the same, and therefore have no relation to proprietary or quack remedies. I have employed this medicine in cases of dysmenorrhea, suppression of the catamenia, and in excessive leucorrhea, and have been much pleased with its use. I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial to all who are willing to trust to its efficacy, believing it will give satisfaction. Respectfully

JNO. B. JOHNSON.

Professor of the Principles and Practice of Medicine, St. Louis Medical College.

"Donnerwetter, what a splendid pair of fur gloves you are wearing!"

"You are wrong; these are not fur gloves. I am in charge of a branch of Prof. Gorilla's world-renowned capillary tincture. The other day on opening a bottle a few drops got on my hands and now you see the hair has begun to grow like the fur on a fox's back.

A Quack Advertisement.—A quack, having invented a wonderful hair-invigorating fluid, applied to an editor for a testimonial. He gave it in these terms, calculated, we should think, to convince the most skeptical: "A little applied to the inkstand has given it a coat of bristles, making it a splendid penwiper at little cost. We applied some to a ten-penny nail, and the nail is now the handsomest lather brush you ever saw, with beautiful soft hair growing from the end of it, some two or three inches in length. Applied to the door-stones it does away with the use of the mat; applied to floor, it will cause to grow therefrom hair sufficient for a brussels carpet. A little weak lather sprinkled over a barn makes it impervious to wind, rain or cold. It is good to put inside of children's cradles, sprinkle on the roadside, or anywhere where luxuriant grass is wanted for use or ornament. It produces the effect in ten minutes.—*Tonsorial Times*.

Sympathized with Nature.—Granger—"Doc' thar mus' be suthin' left whar ye pulled thet tooth fer me, last week. It's ached ever sence." Dentist (examining the mouth)—"Nothing there, sir, but a vacuum." "How big?" "Why, about the size of a tooth, of course." "Wal, yank'er out, doc. I knowed suthin' was wrong. I've heerd thet nacher obhors a vackeyum, an' dinged ef I blame 'er 'f she ever got one stuck inter her jaw."

Seasonable Remedies.—Among seasonable remedies, which are supplied by Parke, Davis & Co., are the following:

Chloranodyne, which is an excellent anti-spasmodic and anodyne in diarrhoeal disorders, gastric trouble and intestinal colic. It combines the therapeutic virtues of morphine, *Cannabis indica*, chloroform, capsicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic.

Liquid Acid Phosphate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia and increase the vitality. This action is so well recognized that the acid phosphate is in considerable demand as a stimulating beverage.

The ordinary dose of the Liquid Acid Phosphate is one-half to one fluidrachm, in a glass of water, sweetened or not according to taste. With carbonic acid water and and suitable syrup, it forms a refreshing and agreeable beverage.

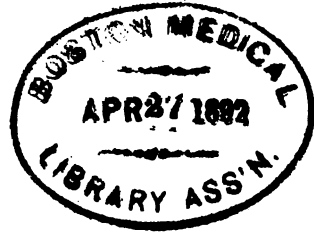
Lime Juice and Pepsin is a grateful refrigerant and anti-scorbutic. It is a prophylactic against many disorders prevalent in the summer months.

A Good one on the Belly-rippers.—One of the country practitioners from one of the upper counties in this State was recently on a visit to New York, and among the other wonders of Gotham took in the Polyclinic. It was one of Wylie's field days, who, at the conclusion of a brilliant clinic, asked Dr. F. "what he thought of medical matters in the metropolis." Dr. F. replied: "Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."

Lacto-Cereal Food.—The enterprising and progressive firm of Reed & Carnrick are again in the field with a new and valued preparation called Lacto-Cereal Food, designed for invalids, dyspeptics, convalescents, the aged, and all who suffer from impaired nutrition or retrograde tissue. This food, besides being entirely palatable, contains twenty-one per cent of albuminoids, the amount required to attain and sustain the highest bodily vigor, as has been lately demonstrated by Dr. A. H. Church in his scientific experiments on English troops.

Lacto-Cereal Food is the only Food containing dessicated fruit, which acts favorably on the *liver* and *bowels*, keeping them in a healthy, normal condition. It is neutral in its effects on the bowels, being neither laxative nor constipating.

The starch in the wheat and barley has been dextrinized so as to render it easily digestible. In general character and constituents this would seem to be an *ideal food*, and we predict for it the same popularity and pronounced success which have attended all preparations emanating from the house of Reed & Carnrick.—*Epileptome*.



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Original Contributions.

HOW TO USE MYDRIATICS.* By EDWARD JACKSON, M. D.,
Professor of Diseases of the Eye in the Philadelphia Poly-
clinic; Surgeon to Wills Eye Hospital, etc.

The present purpose is to discuss methods, not indications, for using these drugs; but, in passing, it is worth repeating, since it is so often forgotten, that remedies of this sort are too powerful to be used indiscriminately. If one has not been able to make a positive diagnosis in a case of ocular inflammation, to clearly recognize the indications, and to definitely exclude the contra-indications for one of these drugs, he should let them alone, and confine his hit-or-miss prescribing to such agents as boric acid, or weak solutions of common salt, whose power for harm is really very slight.

These drugs are applied to the eye for their direct influence on the cornea, iris, or ciliary body. In either case they must be absorbed through the cornea, the lymph streams of which are in close relation with those of the anterior chamber. Any portion of the drug that may be absorbed from other parts of the conjunctival sac is carried into the general circulation without coming in contact with the structures it is intended to influence. Any solution placed in the conjunctival sac is almost immediately diluted by the lachrymal secretion present; only the part with which it first comes in contact receives it of full strength. Now, if the amount of fluid instilled is very large as compared with the amount of tears diluting

*Read before the Philadelphia County Medical Society, June 24, 1891.

it, the dilution is of very little importance. But instillations of large amounts of mydriatic solutions are not advisable, because they give the maximum of absorption into the general circulation with the minimum of effect on the eye. And one thing to be constantly guarded against in the use of mydriatics is the excess of constitutional action. Therefore, a mydriatic solution used in the eye should be instilled so as to come immediately in contact with the cornea while of full strength; that is, it should be placed at the upper margin of the cornea, allowed to flow over the surface of that membrane, and the closure of the lids prevented as long as possible, to allow absorption to occur before the fluid is swept away by the movements of the lids and diluted with the tears.

Instilled in this way, the concentration of the solution when it comes in contact with the corneal tissue, and consequently the amount absorbed, may be ten times as great as if the single drop of the same solution had been placed in some other part of the conjunctival sac. Thus applied, a very small drop of solution suffices to bathe the whole cornea. A dropper giving a small drop is therefore to be chosen. One is readily obtained with a small point that will drop half-minims, or even less. The use of such a dropper allows the employment of stronger solutions than it would otherwise be safe to employ, or a larger number of instillations may be made in the same space of time without producing symptoms of mydriatic poisoning.

It is by attention to such a minute point of technique that one surgeon will at once secure the dilatation of an inflamed iris, or the complete relaxation of the accommodation under homatropine, where another less careful will fail to attain the end sought, or to give relief to his patient. And even where the utmost power of the mydriatic does not need to be exerted, to obtain the effect that is required with the least danger of constitutional symptoms, or with the minimum of constitutional disturbance, is a very important point; for these symptoms, although really not indicating any danger to life, are extremely annoying and alarming to the patient. They occur quite frequently after the use of mydriatic solutions, and such occurrence has much to do with the objection of patients to the use of mydriatics in the diagnosis of ametropia.

The strength of the solution of one of these drugs to be

used in the eye varies with the purpose for which it is used. To break up the adhesions in a case of iritis, the stronger mydriatics are to be employed and in strong solution. As atropine sulphate 1 to water 50, or about ten grains to the fluid ounce; daturine sulphate 1 to water 100, or about five grains to the fluid ounce; duboisine sulphate 1 to water 100, or about five grains to the fluid ounce; hyoscyamine sulphate or hydrobromate 1 to water 100, or about five grains to the fluid ounce. The effect of either of these solutions may be somewhat increased by using cocaine with it. But the patient should not be intrusted with the cocaine solution for home use, because the temporary comfort it gives, in many cases, leads sometimes to dangerous excess. Either of the above solutions is to be used one small drop in the eye at a time at intervals of ten minutes until the dilatation of the pupil is secured, and then at such intervals as may be necessary to maintain such dilatation; and continued three times daily until it can be replaced by a weaker solution.

In making the mydriatic attack on a case of plastic iritis, it is, to a certain extent, simply a question of whether we can get enough of the mydriatic into the eye without getting too much into the general circulation. And to accomplish this we must prevent the solution from making its way into the tear passages, and so being absorbed from the respiratory and digestive tracts, as well as from the conjunctiva. For this purpose it is often recommended to make pressure on the inner canthus. But such pressure is quite ineffective. Even the placing of a little clamp on each canaliculus, as proposed by Dr. Tansley (*Trans. Amer. Ophthalmological Society*, 1888) does good mainly by the displacement of the puncta that it causes. The most effective means is to so draw on the skin of the lids as to evert the puncta, and hold in contact with them a small pledget of dry absorbent cotton. This will prevent the passage of any fluid from the eye into the lachrymal sac, and permit us to apply the mydriatic vigorously to the cornea.

For paralyzing the accommodation of the eye, solutions of the same drugs of about half the above-mentioned strengths may be instilled three or four times daily.

Probably a single efficient instillation of this kind, or at most two or three would be sufficient to produce complete

paralysis of the accommodation in almost every case, with the eye in anything like normal condition. But frequently the instillation must be intrusted to unskilled hands, and so may produce but a small fraction of its full effect, and in a few cases the active hyperæmia, caused by the mydriatic and involving the anterior segment of the globe, may increase the difficulty of attaining complete ciliary paralysis; so that it may be necessary to continue such applications for some days.

For simply paralyzing the accommodation, however, our most valuable agent is homatropine, commonly used in the form of the hydrobromate. Of this a two or three per cent. solution, ten or fifteen grains to the fluid ounce, should be instilled every five or ten minutes until at least four efficient applications have been made. Used in this way, I have found it a perfectly reliable and efficient paralyzant of the accommodation, even in the presence of high grades of retino-choroidal irritation and general hyperæmia of the eye. But we have not with this drug the excess, or reserve of power to control the ciliary muscle, that is possessed by the other mydriatics named. Every instillation or at least a sufficient number of them must be efficient. The cornea must have the chance of absorbing the solution at nearly its full strength; and for that reason the application of the drug must be intrusted only to skilled hands, usually attended to by the surgeon himself.

To bring about simple dilatation of the pupil our choice of the drug will be determined by whether the dilatation is to be long sustained as a measure of treatment, or only temporary as for purposes of diagnosis. In the former case atropine is to be used, in the latter homatropine or cocaine. Atropine or homatropine should be employed in a solution one-tenth the strength of those used for paralyzing the accommodation, or even weaker than this. The atropine to be repeated as often as the pupil contracts again, say once every one, two, or three days; the others, of course, used only the once.

Cocaine, which is of especial value as a dilator of the pupil, is to be used in solutions of the ordinary strength ordinarily employed for producing local anæsthesia of the eye, that is, two to four per cent. But the instillation must be made at least thirty minutes, often an hour, before the dilatation is desired. The anæsthetic action often having quite passed away before the dilatation of the pupil becomes notice-

able, and repeated instillations do not very greatly hasten this dilatation. As a paralyzant of accommodation cocaine has very little power, and by itself is not at all valuable for the purpose. But it can sometimes be advantageously combined with homatropine. Here the frequent repetitions of the instillation, as in the case of iritis, give the advantage of local anæsthesia, greatly lessened resistance on the part of some patients, and prevention of the excessive secretion of tears that follows each instillation of homatropine alone, and by dilution of the solution lessens the intra-ocular effects produced, as well as an apparent hastening of absorption. For this purpose the solution may be made with two or three per cent. each, of cocaine and homatropine.

The instillation of a strong solution of any of the mydriatics causes a pericorneal hyperæmia, which, though not serious, is sometimes alarming to the patient or his friends. This phenomenon I pointed out in a paper on homatropine, published in *The Medical News*, July 18th. It is especially liable to occur from the use of homatropine, because this is more likely to be used in stronger solutions. The combination with cocaine lessens this tendency to a considerable extent.

IS EXTIRPATION OF THE CANCEROUS UTERUS A JUSTIFIABLE OPERATION? * By JOHN H. MCINTYRE, A. M., M. D., St. Louis.

According to observations made by Gusserow, Lebert, Seifert and others, the life of women affected with cancer of the womb from its first manifestation is about twenty months. It is not surprising, therefore, that a few operators attempted to gain a greater likelihood of eradicating the disease by the removal of the entire uterus, either through the vagina, or by abdominal section.

From statistics to which I have access, I find that the cancerous uterus has been extirpated about five hundred times; approximately one hundred and fifty by abdominal section, and three hundred and fifty by the vagina.

On account of the high and frightful mortality resulting from the abdominal operation—not less than seventy-two per cent.—it has been abandoned, except in a very small number of cases where the vaginal method is not feasible. I find but a single case reported of a woman subjected to this method of

* Read before the Hodgen District Medical Society, Nevada, Mo., July 9, 1891

operation who lived over one year, most of them died in less than six months, and scarcely any lived a year.

Vaginal hysterectomies, while not so fatal as abdominal, yet give such a high rate of mortality as to be entirely unjustifiable; of seventeen cases reported in a large western city, nine of the cases were promptly fatal.

No less bold, skillful and successful operator than Mr. J. Knowlesly Thornton, of London, says: "The immediate results must be totally different from those at present obtained, and the after results also, before the operation can be admitted to a place among the legitimate operations of surgery."

Lawson Tait, says: "The proposal to deal with cancer of the uterus by complete removal of the organ meets with my strong disapproval;" and he further states: "My reasons are that its primary mortality must always be heavy, and that the few cases in which the disease does not recur are clearly errors of diagnosis."

Schroeder, of Berlin, now dead, after performing vaginal hysteriotomy on twenty-seven patients, says: "It is not as yet to be called satisfactory, especially as the question of recurrence is concerned."

Prof. Olshauem, up to 1883 performed this operation twenty-eight times; two of his patients died on the day of the operation; three of septicemia on the second and third day; one of carbolic poisoning on the second day; one of iodoform poisoning on the sixth day; and another also died suddenly of embolism of the pulmonary artery on the sixth day.

Dr. Reeves Jackson, of Chicago, elucidated this question very clearly before the American Gynæcological Society, showing it to be a highly dangerous operation and not productive of reasonable hope of relief.

It has been claimed by the advocates of total extirpation, that when recurrence of the disease does take place, the patient suffers but little toward the end of life, as the spread of the disease is upward in the pelvic cellular tissue, and the patient is saved not only from the dreadful pain, but also from the hæmorrhage and ulceration.

While I do not deny that this may occasionally be true, yet I must say that I have never seen it. In cases which I have observed, the pain, foetid discharge, and cachexia, were as pronounced as in those not yet subjected to this operation.

In consequence of the dangers of total hysterectomy, I therefore answer the question. Is extirpation of the cancerous womb a justifiable operation? Most unquestionably in the negative.

This being true, the question naturally suggests itself. Is there any other method of treating uterine cancer, that is at once safer in the technique of operation, and which gives assurance of longer life afterwards? I answer unhesitatingly and unequivocally in the affirmative. In proper cases for operation, and by proper cases for operation, I do not mean those cases in which the disease has progressed to such an extent that the woman who consults you, has already made her own diagnosis—where the ganglia, the parametric tissues, the vagina, and indeed all the surrounding structures are infiltrated, and adherent, and matted together, or where ulceration is extensive.

As we all know uterine cancer of whatever variety, in its early stages, is a painless disease. We further know, that in at least ninety-five per cent. it begins in and affects the cervix, and we have no reason to doubt that it is very often, indeed almost always, implanted upon a laceration of the cervix. Although it is accounted by some good authority, Breisky among them, that it is caused by friction of the cervix on the vaginal floor.

Primitive uterine cancer is very rare in the body of the womb.

In the cervix its extension is circumferential and not upwards. Therefore the best and safest manner of its removal is through the vagina—supra vaginal amputation—together with tunnelling to a greater or less extent the body of the womb, as may be indicated or necessary, bearing in mind the paramount necessity of removing every vestige of diseased tissue.

This can be best accomplished by the use of the galvanocautery, the knife or the hot iron, followed if need be by caustics; and which give incomparably better results, both as regards the immediate death-rate and the ultimate results.

Time will not permit of a minute description of operative detail in the use of the various instruments and appliances that may be required. But I will venture to tax your patience with a description of a method of operating, which, for more

than ten years past, I have practiced with great satisfaction, and with far better results than formerly, and to the use of which, I am indebted to the late Angus McDonald, of Edinburgh, Scotland.

After the patient has been fully anæsthetized and placed in a modified lithotomy position, he proceeds to amputate the cervix, which he does with great rapidity, with an ordinary gouge, such as is used in operations for necrosis of bone. He next introduces either a boxwood or vulcanite speculum of large size, and through it applies a Paquelin cautery knife, heated to rather more than a dull red, and burns away all the diseased tissue, many times going up to the fundus, and leaving the body of the uterus a mere shell. Just before completing the operation he allows the heat of his paquelin to become a very dull red and applies it to every part of the wounded surface, which effectually prevents hæmorrhage.

It is remarkable how little pain is endured by patients who have been subjected to the operation in this manner. It would give me pleasure to report cases, but I have already occupied enough of your time. I thank you for your attention.

614 Olive street.

Clinical Reports.

A CASE OF MYIASIS NARIUM.—RECOVERY. By W. H. GRAYSON, M. D., Venice, Ill.

The ST. LOUIS MEDICAL AND SURGICAL JOURNAL has within the past three years, through its clinical reports and able articles on the subject of Myiasis* made this terrible and disgusting disease, or rather condition, familiar to most physicians of this region of country where prior to this time but very little was known concerning it. As, however, but little has been said concerning the therapeutics of myiasis, I feel justified in relating for the benefit of your readers the particulars of the following case in practice.

Frank S., a strong and powerfully built young-man consulted me concerning a strange and terribly painful affection

*MYIASIS NARIUM, by A. M. Powell, Vol. LV., pp. 206, 390; PSEUDO-PARASITICISM OF DIPTERA IN MAN, by Hugo Summa, Vol. LVI, pp. 201, 265, 347, PSEUDO-PARASITICISM IN MAN, by Cheeves Bevill, Vol. LVI, p. 362; NOTES ON ANTHOMYIA, by F. L. James, Vol. LVI, page 7.

of the face and nose. His statement was that he had been subject for some time to a chronic catarrh, which very recently had developed into an acute ozæna. He was a fisherman and continued to attend to his business, but two nights after the appearance of the ozæna he began to feel a severe itching pain across the bridge of his nose and in the nasal cavity, which soon brought on severe fits of sneezing. The pain grew rapidly more intense and swelling and superficial inflammation set in.

When I saw him the nose and entire upper portion of the face was very much swollen and so deeply inflamed that I at first diagnosed idiopathic erysipelas, and I commenced to paint this surface with Campho-Phenique. While I was doing this to my surprise, a small white, screw-like maggot dropped out of the nostril and fell on the floor. It was followed in a moment by two more and in an instant I knew that I had on my hands a case of the dreaded "screw-worm disease," or *myiasis narium*.

I at once proceeded to make a closer examination of the cavities and found the entire hard palate actually so rotten and necrosed by the ravages of the larvæ that my finger passed through it as through cheese or putty, a large number of the larvæ at the same time escaping from the nostrils and the opening through the palate thus made.

It struck me that if the mere fumes of the remedy had caused such a stampede, the best thing that I could do would be to flush the entire cavity with the Campho-Phenique. I did so at once, using a bent nozzle syringe, and brought away a vast number of the larvæ, along with sloughing tissue and pieces of necrosed bone. After the general exodus, larvæ continued to come away, two or three at a time, for about forty-eight hours, when the reflex symptoms abated.

Under the continued use of the Campho-Phenique the patient made a good and rapid recovery so far as the nature of the case would admit. Of course, owing to the extent of the destruction of bony and other tissues, a plastic operation will be necessary to repair the ravages of the hungry larvæ.

Accompanying this article is a little vial containing some of the larvæ preserved in alcohol which I hope the editors will be able to compare with those from Dr. Summa's and Dr. Powell's cases.

One thing that struck me most forcibly about these larvæ was their tenacity of life in media usually promptly and certainly fatal to all other forms of life. In surgical solutions of carbolic acid they seemed to live a considerable time, and they do not readily die even when immersed in pure chloroform.

Campho-Phenique was found, however, to be almost instantly fatal to them.

A review of the therapeutic methods hitherto recommended or adopted may not be out of place here.

Dr. Powell in his cases used chloroform emulsified with milk, and recommends this agent for the destruction of the larvæ. My objection to this treatment is that it is slow and

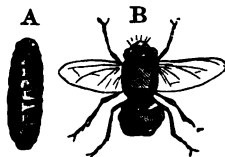


FIG. 1—A, pupa and B, the fly. Natural size. Drawn and engraved from nature by F. L. James, M. D.

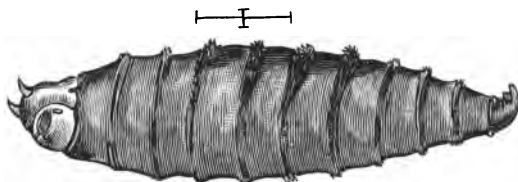


FIG. 2—Larva of fly, amplified about five diameters. Drawn and engraved from nature, by F. L. James.

has other inconveniences, not to say dangers that are obvious.

Kuechenmeister recommends *extraction of the larvæ with the forceps*. In cases like the one just described this would have been a truly formidable undertaking, to say the very least. "First catch your flea and then skin him" will occur to everyone as a parallel piece of advice. Only when the affection is superficial, as in *myiasis vulnerum*, would this procedure be possible.

Dr. Hugo Summa recommends a solution of corrosive sub-

limate after taking the precaution to administer albumen to protect the stomach.

Wobynez recommends iodoform.

Van Beneden recommends citric acid, upon the statement of his son-in-law, Dr. Vanlair, who had seen this treatment, successful in Mexico in cases of myiasis produced by the larvæ of *Lucilia hominivora*.

My own experience (limited, however, to this one case), is that we have in Campho-Phenique a sure, safe and rapid remedy, one entirely free from the objections that may be urged against the others that have been suggested. It can be used freely, without previous preparation of the patient and without injury to healthy tissues, and it produces, even when used *ad libitum*, no evil sequelæ. Besides its lethal effects upon the parasites the remedy exerts a local anæsthetic effect, very grateful to the patient who has been so long in torture from the boring and gnawing pains produced by the movements of the larvæ and the inflammation consequent thereon.

It is generally agreed, I believe, that there are a number of dipterous flies whose larvæ cause myiasis in some form. Most of these are indigenous to the tropics and are rarely found outside of them. The insect that "does the devilment"*

*NOTE.—While we, ourselves, probably were the author of this idea (i. e., that the fly producing the larvæ is the ordinary blow fly) on maturer study of specimens placed at our disposal by Dr. Summa and others we are convinced that such is not the fact.

The etching printed herewith was made directly on a steel plate, by one of the editors of the JOURNAL and is a faithful reproduction, natural size, of the fly raised by Dr. Summa from a larva taken from one of his patients. The abdomen had shrunk somewhat in drying and hence is not a correct representation of that of the living fly. It will be noted, however, in comparing the engraving with a common "blow fly" that the latter is larger, the wings are not of the same shape, and lastly that the abdomen and legs of the blow-fly are covered with hairs, while the fly engraved by us is devoid of hairs. Comparing the engraved fly with the engraving of *Lucilia hominis*, given in Van Beneden's "Animal Parasites and Mesmates," page 120 (D. Appleton & Co. 1876), we find the resemblance much stronger though *Lucilia* is only about one-half the size of the Illinois and Missouri specimens. It is much to be desired that some competent entomologist would take hold of the subject and give us more definite information as to the nature, habits, etc., of the fly whose ravages have been described by our correspondents, Drs. Powell, Summa, and Grayson. That its area of distribution is increasing is made manifest by occasional newspaper accounts of cases of myiasis occurring in the Northern and Eastern States.

In August of last year (about August 22), a lady died at a little city, on the shores of Lake Erie, evidently of myiasis narium, though the physicians of the city did not recognize the nature of the disease, and declared the case "unique in the annals of medicine." We regret that we have lost the clipping (from the telegraphic columns of the Detroit *Free Press* of about the date mentioned) or we would reproduce it here. [EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

in these regions, however, seems to be none other than the common "blue-bottle" or blow fly.

It would no doubt be difficult to convince one afflicted with myiasis that flesh flies are of any use in the economy of nature, or that they could possibly subserve human interests.

Yet Prof. Riley reports (Seventh Annual Report of Useful and Injurious Insects of the State of Missouri), that they are deadly enemies of the locust or grasshoppers which in myriads of myriads are now devastating portions of our "far western" country.

The professor quotes Mr. Bessy, of Ames, Ia., who found larvæ of *Sarcophaga carinaria* in the abdomens of the pests. The author describes the examination of a locust that was scarcely able to move, and which was found to be literally eaten up, except the external case, by larvæ of the flesh fly. The flies pasted their eggs under the wings of the locust, and the larvæ, as soon as hatched, bore into the abdomen of the host. Here they feed in such manner as to allow the host to live long enough to give them nutriment until they are ready to undergo that mysterious change which completes their cycle of existence. Thus

"Fleas have other fleas to bite 'em
And the little fleas still smaller fleas,
And so ad infinitum."

The carnivora prey on the herbivora and so help to keep down the numbers of the latter. Were it not so they would soon increase in such numbers as to destroy vegetation from the face of the earth.

A UNIQUE CASE OF ANEURISM OF THE THORACIC AORTA. By
H. C. DALTON, M. D., Superintendent City Hospital, St.
Louis.

Aneurisms of the thoracic aorta are so common that ordinarily one would not think of reporting them, but I think I am justified in reporting this case on account of its great rarity.

G. M., colored, æt. forty, laborer, was admitted to the hospital May 4, 1891. He stated that his hygienic surroundings had for a number of years been quite poor and that he had been a steady drinker, but had always been well until about a month before entering the hospital. At that time he noticed

an occasional pain in his back between the shoulder blades. This continued off and on. In a week or two he became quite weak and failed rapidly. For a week before admission he vomited nearly everything taken into the stomach. He had been annoyed with a frequent hacking cough.

Thorough examination of the lungs revealed nothing abnormal, save a few sonorous and mucous râles over the left lung. Temperature was normal. Percussion over the dorsal vertebræ gave pain. Pulse was rather rapid (100) but of good volume.

At 5 A. M., May the 9th, he had a copious hæmoptysis. We now concluded that patient was doubtless suffering from phthisis. There was well marked diminished motion of the left chest. Percussion gave dullness over left lower lobe; vocal resonance exaggerated, and strange to say, very little change in the vocal fremitus. Pulse was quite frequent and small. Patient died six hours after the inception of grave symptoms.

Autopsy five and a half hours after death. Right lung normal; left pleural cavity filled with blood. The lower lobe of left lung was infiltrated with blood. At one point there was a cavity seemingly from a tear due to the extravasation. Into this a sacculated aneurism of the aorta emptied its contents, firm adhesions having taken place between the aorta and the mediastinal surface of the lung. On the outer and lower aspect of the lower lobe there was a rupture through which three fingers could be inserted showing that the lung had been subjected to great pressure at this point.

The rupture into the lung evidently took place at 5 A. M. and, as death did not take place until 11 A. M., it is fair to presume that the pressure was resisted up to that hour.

I have been unable to find a similar case on record, hence I must believe that it is unique.

Death of Professor Scanzoni.—Dr. Friedrich W. Scanzoni von Lichtenfels, Privy Councillor of the Kingdom of Bavaria, and Emeritus Professor in the University of Würzburg, died on June 12th at Schloss Zinneberg, Upper Bavaria, after an illness which had lasted many years. He was seventy years of age.

Correspondence.

A CORRECTION.

Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL :

I notice in your editorial notes (July number of JOURNAL) on two-year colleges that the Address of the President of the American Medical Association contained special condemnation of two-year schools and that the address was inconsistent in that this gentleman was identified with a two-year institution. The writer of the note seems to forget that the remarks were simply the individual opinion of the speaker, and that one member of our organization can not remedy all the defects in it. Could the speaker force a three-year term in the college he is connected with he certainly would do so. The writer of the note also seems to forget that in an individual membership of a faculty there is no life interest nor an inheritance for the family. The property of the institution belongs collectively to the members of the faculty and they alone conduct its business. I venture to say that if the profession could work in harmony that the individual idea of higher education would coincide with the remarks of the late President of the American Medical Association. X.

A Five Years' Medical Course in Canada.—The Medical Council of the College of Physicians and Surgeons of Ontario recently passed the following resolution: "On and after July 1, 1892, every student must spend a period of five years in actual professional studies, except as hereinafter provided, and the prescribed period of studies shall include four winter sessions of six months each and one summer session of ten weeks; the fifth year shall be devoted to clinical work, six months of which may be spent with a registered practitioner in Ontario, and six months at one or more public hospitals, dispensaries, or laboratories, Canadian, British, or foreign, attended after being registered as a medical student in the register of the College of Physicians and Surgeons of Ontario; but any change in the curriculum of studies fixed by the Council shall not come into effect until one year after such change is made."

Editorial Department.

FRANK L. JAMES, PH. D., M. D.,
AND
A. H. OHMANN-DUMESNIL, A. M., M. D. } Editors.
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THE CARE OF SYPHILITICS BY THE STATE.

The care of syphilitics is one of the side-issues of the regulation of prostitution—a question which has been agitating the civilized world for some years past. We do not propose to discuss the question as to whether prostitution can be regulated or not, but we are inclined to adopt the views of some authors when they say that syphilitics should be treated like patients and not like criminals. Syphilis is a disease, not a crime; and, while it may be the result of moral turpitude the cases are too numerous of its acquisition by innocent means, for any one to lay down a general law covering all cases. The disease has been transmitted and has been acquired in so many unfortunate manners that charity not cruelty should govern us in the treatment of syphilitics.

The Massachusetts Legislature passed an act at its late session (Act approved June 11, 1891.) which is excellent and which, if universally applied, would exercise a great influence in the diminution of the number of cases of syphilis. The act is as follows:

SECTION 1. Any person who is confined in, or an inmate of, any State penal or charitable institution, a common jail, house of correction or municipal or town alms-house who shall have the disease known as syphilis, shall at once be placed under proper medical treatment for the cure of such disease, and when in the opinion of the attending physician it is necessary for the proper treatment thereof, or that such disease is contagious, so as to be dangerous to the health and

safety of other prisoners or inmates in such institution, the persons under treatment shall be isolated from such other prisoners or inmates until the contagious stage of such disease has passed, or until the time when in the opinion of the attending physician such isolation is unnecessary.

SEC. 2. When at the expiration of the sentence of any person who is confined in, or is an inmate of, any of the institutions named in section one of this act, such person shall then have the disease known as syphilis in its contagious or infectious symptoms, or in the opinion of the attending physician of such institution, or of such physician as the authorities thereof may consult, would cause the discharge of such person to be dangerous to public health and safety, such person shall be placed under proper medical treatment, and kept and suitably cared for as provided in section one of this act, in the institution where he has been confined, until such time as in the opinion of the attending physician such contagious and infectious symptoms shall have disappeared, and the discharge of the patient shall not endanger the public health. The expense of his support not exceeding three dollars and fifty cents a week shall be paid by the city or town where he has a legal settlement, after notice to the overseers of the poor of such city or town, or if he is a State pauper, after notice to the State Board of Lunacy and Charity, of the expiration of his sentence, and of his condition.

This act may be good so far as it goes, and can be enforced to a certain extent. The question arises, however, whether at the expiration of a sentence, detention is not unlawful, especially in view of the fact that those who are neither criminals nor paupers are not forcibly detained nor placed under treatment. This shows very plainly the insufficiency of the enactment. It also shows the utter impossibility of preventing the spread of syphilis (and the same may be justly said of phthisis.) To accomplish the object desired it would be absolutely necessary to restrain and place under proper treatment every syphilitic who carries lesions which can transmit the disease to others. This is impracticable as any one can see at a glance—not only because of the difficulty of locating all those afflicted with dangerous syphilitic manifestations but on account of the large number of those who suffer from the disease, and the large proportion of those who object to the exposure naturally incident to sequestration, not to mention the financial loss which such a course would entail.

The questions which naturally arise in the consideration of this problem are varied and numerous, and difficult of so-

lution. The best method is the thorough education of the laity concerning the ease of contracting the disease and the effects which it brings about. Thoroughly inculcating the broad principle of self-preservation will go much further to obtain the desired result than any other, and will have more effect towards the total extinction of the disease.

EDITORIAL NOTES.

DOCTORS' BILLS are probably to be ranked among the necessary evils of this life and should, accordingly, be avoided as much as possible and certainly not paid, is the general impression of the public. Dr. William W. Parker recently contributed a paper to the *Virginia Medical Monthly* on the difficult duties, sorrows, and joys of medical practice. In the course of his remarks, he says: Doctors are sometimes pained by a patient saying, after paying his bill, "Doctors' bills are hard to pay. I get nothing to show for my money." Such remarks are made by men who ought to know better. Health is better than houses or lands, and this man thought so too when suffering from pain and prostration; but he is ungrateful, and *loves money* too much. The fact is, money sometimes can not pay for the services done by the doctor, and the doctor whose sole aim is to make money is a disgrace to his profession. You can't pay for a mother's love, nor can you pay for the faithful services of the physician who, day and night for weeks, pours upon you the treasures of years of study and observation, and the richness of a full sympathizing heart. You make him an acknowledgment, but what "will a man give for life"!!

THE STRUGGLE FOR EXISTENCE with the young doctor is not limited to this glorious country as witness the following from the *Provincial Medical Journal*: Criticism is not construction, it is observation. It is in this sense this article must be read, and if we touch upon painful facts it is not with the intention of satirising, or of turning into ridicule the perpetrators of professional *laches*, or of in any way pillorying the men who are compelled by the exigencies of fortune or circumstances to practice medicine in a manner unknown to the older generation of medical men. *Facilis est descensus*. We have received several letters calling our attention to advertisements issued by graduates of universities and licentiates of colleges, setting

forth that at certain surgeries medicine and advice can be had for 6d. and 4d. We are asked to believe that the men who issue these sheets could earn a professional existence in more legitimate ways, and that we ought to publish their names and give them up to professional indignation. Is this view correct? What about the *res angusta domi*? What pressure must compel when men who have graduated at universities are forced into such practices. If we think it out—we who are better off—what pressure would induce us to imitate the example of these offenders. The answer must come, only the pressure of home-wants, the *res angusta domi*, in fact. Virtue is easy to those who have no temptations. Men with good practices find it difficult to realize the needs of struggling practitioners; but after all there is this to be said, that struggling practitioners of the circular advertisement type would at once reform could we but show them the way. Will any of our readers tell us how to stop these men?

THE HEALTH OF COLLEGE STUDENTS is much improved by gymnastics as we learn from the *Medical News*: From statistics kept at Amherst College during the last thirty years it is found that the percentage of illness among seniors has been nearly one-fourth less than among freshmen. It is also shown that from 1861 to 1865 the average yearly loss of time of the students from sickness was 2.18 days while from 1885 to 1889 the average was about one-fifth less, or 1.75 days. In the first period the deaths were 6.1 per cent. of the number graduating while from 1885 to 1890 the percentage was only 3.4. These interesting results are traced to the system of physical training and exercise introduced by Dr. Edward Hitchcock, thirty years ago, as a part of the regular curriculum. If the data were to be had it would be an instructive study to compare these statistics with those of other colleges where systematic gymnastics is not compulsory, or where the systems are entirely different in character.

So far as the influence of smoking on physical development is concerned it is shown by the records of the senior classes of Yale College during the past eight years, that the non-smokers are proved to have decidedly gained over the smokers in height, weight, and lung-capacity. All candidates for the crews and other athletic sports were non-smokers. The

non-smokers were twenty per cent. taller than the smokers, twenty-five per cent. heavier and had sixty-six per cent. more lung-capacity. In the graduating class of Amherst College of the present year, those not using tobacco have in weight gained twenty-four per cent. over those using tobacco, in height thirty-seven per cent., in chest-girth forty-two per cent., while they have a greater average lung-capacity by 8.36 cubic inches.

LAPAROTOMY STATISTICS are far from perfect according to the *Toledo Medical Compend.* The medical press has for some years past been loaded down with reports of laparotomies by different operators, showing a large percentage of recoveries. In the majority of these reports no effort at classification of cases has been made. Operations for symptoms are classed with those for organic disease; and those for only slightly diseased uterine appendages are grouped with those for large solid tumors. The fact that the incision is only two inches long, or that it may extend far up beyond the umbilicus, is not considered in the make up of these statistics. Some operators with a careful selection of minor diseased cases are thus enabled to report ten or twenty consecutive successful laparotomies, while others, operating and reporting on every case presented will probably be compelled to report as many consecutive deaths. The statistics of some operators are thus very misleading; reporting so many laparotomies with no deaths, or probably but one, would go to show either that laparotomy is a very simple operation and not accompanied with danger, or when compared with the report of another it might be taken as an evidence of superior skill, while in reality the outcome of all cases depends more upon the sex and age of the patient and that the incision is a small one, (as is required for the removal of healthy or only slightly diseased uterine appendages) or one of considerable length. Reporters should, for the purpose of making reliable statistics classify their cases, not only pathologically, but also according to the sex and age.

The Congress for the Study of Tuberculosis held its second meeting at Paris from July 27 to August 2. A number of interesting cases were discussed which will be published later on.

Microscopy.

The American Society of Microscopists.—Everything points to a large and successful meeting of this association, which convenes in Washington, D. C., August 11. The fact that the American Association for the advancement of Science meets in the same city on the 17th of the same month (just three days after the adjournment of the American Society of Microscopists) will bring an unusual number of members who have not hitherto felt that they could stand the expenses and delay of attending both societies. As stated in our last, hotel and railway rates have been secured and the headquarters will be at Washington's finest and newest hotel, the Arno. Every person interested in microscopy who can spare the time and the money should attend this meeting. Any further information on the subject will be answered on making application by letter or in person to Dr. F. L. James, 615 Locust, or Dr. W. H. Seaman, Washington, D. C.

Eismond's Method of Studying Living Infusoria.—In a recent number of the *Zoologische Anzeiger*, M. Joseph Eismond, assistant at the Warsaw (Poland) Zoological Institute describes a method employed by him in the study of living infusorians. It is based upon the use of an aqueous infusion of the gum of the cherry tree, which is added in greater or less quantity to the water containing the infusoria. This seems to have the power of slowing the movements of the organisms in a remarkable manner, in fact in some cases rendering them immobile, apparently without otherwise affecting life. The author found living at the end of forty-eight hours in the moist chamber, all the species that he first observed—ciliates, flagellates and even amœbæ. Pushing his experiments, Eismond added various coloring agents to his gummy liquid and found that some of the anilins are true reagents for living protoplasmic matter, their employment rendering great service both from a biological and optical point of view. Of the colors tried methylene blue and violet dahlia ("No. 170") give the best results for a short period, but that with the dahlia few except the most robust species (*Frontonia leuca* for example) survive

many hours immersion in them. With methyl blue when the solution is not too concentrated, the organisms not only survive a long time but certain species reproduce themselves abundantly. Such was especially the case with *Colpidium colpoda*, *Blepharisma laterita*, *Frontonia leucas* and even certain St. Louis, flagellates.

Staining Bacillus of Diphtheria.—The following is Dr. Sims Woodhead's process for staining the bacillus of diphtheria: "It is only necessary to remove a small fragment of the false membrane by means of a piece of absorbent cotton tied firmly to a pair of forceps; from this it is transferred to a scrap of blotting-paper, and thence to a cover-glass, where it is broken down as finely as possible, heated over the flame in the ordinary fashion, and stained with Löffler's alkaline methylene blue, or by a method adopted by Roux and Yersin who use a blue composed of equal parts of aqueous solution of violet dahlia and methyl green, with water added until a clear but not too deep, blue is obtained. A drop of this is placed on a slide, the cover-glass on which the fragments are dried is inverted and lowered on it, the superfluous fluid is removed with a piece of blotting-paper, and the organism is examined at once. The organisms occur in small groups, as short, straight, or curved rods, with ends sometimes pointed, sometimes curved."

Transactions and Annual Report of the Manchester Microscopical Society, for 1890.—We have just received this excellent annual, and from a necessarily hasty examination of its contents must congratulate the Manchester Society upon the character and amount of the work that it is doing. Outside of the agenda the volume contains some most excellent papers among which we were particularly struck with and interested in that by Dr. C. Herbert Hurst on "Appearance as an aid to Protection," and that by E. H. Turner on "The difference between the Visual and Actinic Foci of Microscopical Objectives." Both papers display much thought and an intimate acquaintance with the subjects treated. A very pleasant feature of the book is the space given up to "Rambles" or brief descriptions of excursions made by members in search of microscopical material. The Manchester Society is now in its eleventh year and in a flourishing condition. Our

thanks are due to the Hon. Secretary James Hurst for continued remembrance in the distribution of the annual report. The present volume contains as a frontispiece a capital phototype of Geo. E. Davis, Esq., F. R. M. S., F. C. S., F. I. C., who was president in 1884.

A New Process for the Examination of the Microbes in Water.—M. Péré, pharmacien-major, contributes the following to the *Journal de Pharmacie et de Chimie*, from which we translate it :

The processes hitherto devised for the differentiation of the *bacterium coli commune* from the *bacillus typhoideus*, the two best known of the fæcal microbes, have rendered great service to medicine, but unfortunately they permit of the examination of small quantities of suspected material only. In other words, in using them, we are forced to determine, for instance, the condition of a great canal by the examination of a few cubic centimeters of the water thereof. Of course there are great sources of error in such methods, and it is for the elimination of those that the process which I am about to describe is intended. It is based on the following principle :

The suspected water is transformed into a culture medium, sufficiently nutritious, but into which sufficient carbolic acid has been introduced to prevent the growth of all other species without interfering with the propagation of the two microbes named (*bacterium coli commune* and *bacillus typhoideus*).

TECHNIQUE.

Into a vessel gauged to one litre (a matras or ballon) thoroughly sterilized introduce 100 ccm. of normal neutral and sterilized beef broth ; 50 ccm. of a ten per cent. solution of pure pepton, also neutral and sterilized, and finally 600 to 700 ccm. of the water to be examined. Agitate and add 20 ccm. accurately measured, of a five per cent. solution of crystallized carbolic acid. Finally fill up to the gauge point with the suspected water.

The liquid thus obtained we will call liquid A, and contains one gram of phenic acid to 830 ccm. of the water to be examined. Filter and divide it into ten equal parts, putting each part into a vessel (vial or ballon) previously thoroughly sterilized ; close each with a wad of sterilized cotton and bring the temperature up to 34° C. The temperature must not go

beyond 36° C. (98° F.), as there is danger of rendering the liquid entirely sterile. A temperature from 32° to 36° C. is the best.

If the water is contaminated with either of the microbes named above it will sooner or later become turbid, the time depending upon the amount of contamination—the richer in microbic life the earlier the period of turbidity. The temperature has also some effect, as it is noted that the higher it is maintained within the limits fixed above (32° to 36° C. = 90° to 98° F.), the earlier the period. Sometimes the turbidity begins as early as twelve hours after preparing the liquid, but from fifteen to eighteen hours is the more usual limit, though if the water be very slightly contaminated even thirty hours or longer may elapse before the phenomenon appears. This latter case, however, very rarely occurs.

When turbidity becomes well marked, by the aid of sterilized platinum wire remove a small portion (a droplet) of the liquid and with it fertilize a tube of normal bouillon. This is done to get a pure culture of the microbes sought for. Place another drop in a tube containing bouillon freshly prepared as in Liquid A. and containing 1 gram of phenic acid, 5 grams of peptone and 100 grams of normal bouillon to the litre. Prepare two such tubes and submit them to a mean temperature of 34° C. for six hours. At the end of this time, whether the liquid be turbid or clear, fertilize by the same means and with the same precautions dictated above, two more tubes; the organisms thus passing for the third time through a carbolated culture medium, under the same precautions as to temperature, etc. This time wait until turbidity is manifest. The inoculation of the liquid on a normal bouillon will in the course of a few hours in the hot chamber, yield a pure culture of *bacterium coli commune* or of *bacillus typhoideus* (Eberth's) or of a mixture of the two. This can be verified on the gelatin plaque if desired.

Sometimes there may be microorganisms more resistant to the action of carbolic acid than those usually met with. If such be the case the culture as described above may be carried through one or even two more stages without destroying the vitality of the specific microbes mentioned.

The application of this technique to numerous samples of water either naturally or purposely contaminated, has demon-

strated that the ten vessels filled with liquid A. become turbid simultaneously, and cultures carried out as directed invariably develop the same organisms. Although I have directed the preparation of a liter of liquid A., 100 ccm. will usually be sufficient. If the first result be negative always repeat the operation especially where there is good reason to suspect contamination.

For exactness this process leaves nothing to be desired. I have taken water that originally contained but few bacilli and bacteria, and have diluted it to the 1000th with pure water (999 parts of pure water to one part of contaminated), and by this process have secured pure cultures of mixed *b. coli commune* and *b. typhoideus*, one cubic centimeter of the dilutions yielding seven colonies. The contaminated water, therefore, contained only about seven germs to the litre! Of the ten matrasses containing liquid A. two became turbid only toward the thirtieth hour, three others toward the thirty-sixth hour and the five others remained limpid.

The micro-organisms which resist the first phenicated culture are those already indicated by M. Vincent. Like this observer I have also seen the bacillus of Eberth assume the form of a mobile diplococcus, a transient form due to the action of the phenicated culture medium. It, however, soon resumed its normal morphological attributes after a series of cultivations in normal bouillon.

The *bacterium coli commune* most frequently causes turbidity before the *bacillus typhoideus*, in so much so, indeed, that if the two are present in the same medium we might fear *a priori* that it would alone survive the third phenicated culture. Experience however has negatived this belief and culture on plaques shows the two organisms flourishing side by side in the same medium after the third as well as after the first phenicated culture.

F. L. J.

The Medical Department of Tulane University, New Orleans, was made June 13, the recipient of a generous donation from Mrs. Richardson, wife of the Dean of the college, Dr. T. G. Richardson, of one hundred thousand dollars. The entire donation is intended to be used in erecting a new college on Canal street, between Vellere and Robertson streets, the site for which was bought a few days ago for thirty-five thousand dollars by the Educational Board.

Dermatology and Genito-Urinary Diseases.

The Leprosy Bacillus.—The statement is made in an exchange that a telegram from Simla, (India) contains a very important announcement. It is simply the statement that Drs. Rake and Buckmester, who is a member of the English Leprosy Commission, have succeeded in cultivating the bacillepræ in the serum of blebs. The importance of this is so great as to meet with some doubt and it will require not only confirmatory proof on the part of the gentlemen, but the further evidence of successful results in the hands of others adopting the same methods.

Alopecia.—Charles Monin recommends the following ointment (*Union Médicale*) for alopecia :

R	Acid gallic.....	gr. xlv.
	Olei ricini.....	℥ v.
	Vaselini alb.....	℥ x.
	Ess. lavandul.....	gtt. xv.

M.

Sig. Apply to scalp morning and evening, rubbing in well.

A writer in the *London Lancet* recommends the following:

R	Tinct. jaborandi.....	℥ ss.
	Lanolini.....	℥ ij.
	Glycerini.....	℥ ij.

M.

Sig. Apply at night in small quantity.

In order to secure a good mixture, a small quantity of *sapo viridis* must be added to the above.

Gonococci in Legal Medicine.—In medico-legal inquiries it is of the highest importance that examinations should establish facts in such a manner as to exclude every possibility of a doubt. This is an important point when such cases as attempted rape are brought up and the guilt of the defendant is sought to be established by the presence of gonorrhœa in the plaintiff. Vibert and Bordas have devoted much attention (*Gazette des Hôpitaux*) to the medico-legal value of the gonococcus and they conclude that it is *nil*. In simple vulvo-vaginitis of small girls in whom there could be no possibility of a

gonorrhœa existing, they found diplococci which were seemingly identical with the gonococcus. Thus, they had the typical *biscuit* shape and their dimensions were the same as of the gonococci. They were never disposed in chains, but in masses forming groups or occurred in an irregular manner. They were stained in the same manner and took as much time for this as gonococci. These diplococci are found more especially in pus cells; there being, at times, two or three, or so many that they could not be counted. But a very few were found without the cells. In view of this seeming identity the authors do not regard the finding of these cocci as in any way a convincing proof of the presence of gonorrhœa.

Ulyptol.—According to E. Chatelain this product, which was given its name by Dr. Schmeltz, of Nice (*Jour. des Mal. Cut. et Syph.*), is composed as follows :

℞ Acidi salicylic.....	6 parts.
Acid carbolic.....	1 part.
Ess. eucalypti.....	1 part.

It possesses an aromatic odor and a burning taste; it is almost insoluble in water, soluble in alcohol, chloroform, ether, alcohol and glycerine, alkaline solutions, and ammonia. It is said to be excellent for the dressing of wounds, as it does not cause the formation of albuminates which act as an obstruction to antisepsis.

Excision of the Chancre.—The readers of the JOURNAL are probably aware of the fact, by this time, that I have always contended that excision of the chancre is futile so far as the prevention of subsequent manifestations of the disease are concerned. In a recent article in the *Medical Record*, Dr. R. W. Taylor holds the same ground and he adduces cases from his own practice as well as classic ones derived from literature to support his position. He concludes by stating that the reason that syphilis is not aborted by excision of its initial lesion with a liberal slice of the surrounding parts succinctly stated, is that (contrary to the present view) the syphilitic infective process is from the very start a very rapid one. That the poison strikes directly for the blood-vessels and causing there its peculiar change runs along them with astonishing rapidity. Thus it gains foothold in parts beyond the reach of the knife, the caustics, or electrolysis. In fact, the tissues of

the whole penis in very early syphilis are, we may say, honey-combed by these infected vessels. The observations presented, backed by the evidence of the failures in chancre excision, go to show that beyond the chancre there is sufficient syphilitic poison to infect the whole economy, and that the initial lesion, through the visible and exuberant evidence of syphilitic infection, may be removed without in any way altering or modifying the course of the disease. It is rather too early to inquire into the *modus operandi* of the maturing syphilitic infection, but it seems probable that this vessel cell-growth goes on and on until the whole economy is involved, and that then the explosion occurs which we call the evolution of the secondary period of the disease.

Treatment of Syphilis.—At the late meeting of the Ohio State Medical Society Dr. William T. Corbett went into the history of syphilis and its treatment (*Med. Rec.*) from the time of Moses down to the present day. He finds that mercury in some form has had more ardent advocates than any other treatment. It is the only known drug which possesses any curative influence on the disease. The virus may be eliminated by the natural eliminative forces of the body in from one to thirty years, but under the use of mercury, its manifestations become infrequent and finally the organism becomes free from the morbid influence. Authorities differ as to when it is best to begin the use of mercury, but doubtless, the best course is to begin as soon as the diagnosis of syphilis is made. The special form of mercury depends upon the individual case, but generally speaking the protosalts are preferred to the bisalts at the beginning as calomel, mercury with chalk, the blue pill, either alone or combined with iron. A fertile source of error is the substituting iodine compounds for mercury. Good results will follow the mixed treatment of iodine and the protosalts of mercury late in the course of the diseases. Iodine should be discontinued as soon as practicable, although mercury should be given at intervals for one or two years after all manifestations have disappeared. The Hot Springs of Arkansas are much frequented by those who think to have the disease "boiled out" of them, but it is quite generally recognized by syphilographers that the waters have no specific effect on syphilis, and in some instances the best physicians there have advised against their use. O-D.

Diseases of the Eye and Ear.

Crede's Method of Preventing Ophthalmia Neonatorum.—Two weeks ago a medical friend asked me to see with him a child four days old, whose eyes began to suppurate freely the previous day—the third day after birth. I found both eyes suppurating profusely; a large quantity of pus would *gush* out whenever the lids were pulled open. The lids had not yet had time to become granulated because the disease had just begun the previous day. The lids were greatly swollen, but both corneæ were still intact. It was not difficult to settle the diagnosis—it was genuine *ophthalmia neonatorum*. This disease is always the result of infection from the mother and *nearly always* begins on the third day after birth. Usually the first thing the nurse or mother notices is a gush of laudable pus from one or both eyes.

It is not necessary that the mother should have genuine gonorrhœa before she can infect the child's eyes. Any vaginal pus will most likely do this when it happens to get into the eyes during or immediately after birth. The old gonorrhœal theory is now given up because the child gets ophthalmia neonatorum is no certain proof that the mother has gonorrhœa, as was formerly supposed. In the case under consideration the family physician stated that the mother had had a vaginal discharge ever since she was a child, but of non-specific character. After marriage the husband had purulent urethritis. The physician very properly and fully warned the parents of the danger to the child and had advised previous treatment and the use of antiseptics just previous to confinement, but they would not follow directions. Immediately after birth he protected the eyes as fully as he could, as he thought. In order to protect them against infection the doctor, in addition to what he did, should have used Cr  d  's method of preventing infection of the eyes. This consists in the local use of a solution of nitrate of silver. The eyes are first cleansed (immediately after birth), and then a single drop of a two per cent. solution of the nitrate is dropped directly upon the cornea of each eye. After that the eyes are not further disturbed.

This solution kills the infective material, whatever it may be, and thus prevents the infection. This preventive means should be used in the eyes of every child, whose mother has any kind of muco-purulent discharge from the vagina before she goes into labor. Cr  d   strongly advises its use in *all* children. This is certainly altogether unnecessary. It should, however, be used in all children whose mothers have a vaginal discharge before labor. This affords as nearly a certainty against infection as it is possible to obtain. Statistics show that the strict use of this method in large lying-in institutions in the old country has reduced the per cent. of cases from about ten under the former method of treatment to less than one-half of one under Cr  d  's method ! This certainly speaks remarkably well for the method.

Two per cent. solution is about ten grains to an ounce of water. This seems to be a pretty strong solution of caustic to be dropped directly into the eyes, but physicians, who have used the method extensively, state that it causes no considerable reaction—certainly no serious reaction.

Why Deaf Children become Dumb.—Children that are born deaf never learn to speak. I am aware that in recent years efforts have been made to teach dumb children to talk, but so far as I know no great nor even encouraging success has resulted. The reason why children, born deaf, never learn to talk is because they cannot hear articulate sounds and consequently they never learn to articulate. Language is not a gift, but a matter of education—must be acquired by the law of imitation, natural to every child; but, if the child can not hear words, it is impossible for it to even try to imitate them. When a child of ordinary intelligence has repeatedly heard a certain sound it tries to imitate that sound, although at first it has not the slightest idea of the meaning of the sound, but gradually learns to know what it means. In this way the child slowly acquires language. Of course, the child born deaf, is cut off from such acquirement. This is the reason why these unfortunates never learn to speak.

Why Children, becoming Deaf, Usually become Dumb.—When a child, and in fact, all young people become, from any cause, totally deaf, they can not hear new words and consequently fail to make further progress in the acquirement

of language. No one can acquire new words, who can not hear them. Very soon a young child forgets the words it has acquired and becomes dumb. The older the person is the longer he will retain the words he has learned and, of course, will not become dumb so quickly as the young child. As a rule, all young people become dumb sooner or later after they become totally deaf. Grown people usually retain their language, but do not acquire new words. Such persons can not modulate their voices; some speak in a whisper, while others pitch their voices very high. They have no means of knowing whether they whisper or scream. But grown people do not often cease to articulate words entirely.

Mistakes in Cerebral Localization Are Easy.—Cerebral localization is getting to be something of a science and fortunately progress towards reliable diagnosis in that direction is being rapidly and constantly made. At the same time extreme care is absolutely necessary, if we would avoid making grave mistakes, not to say blunders.

A case reported to the St. Louis Medical Society recently, will illustrate what I mean most perfectly. A little girl, three years old, fell from its nurse's arms, its head striking hard upon some broken bricks. The parents did not know at the time whether the child was seriously hurt or not. They, however, soon noticed that it made no progress in acquiring new words; that its language was limited to the few words it had learned and could use at the time of the fall at the tender age of three years. They further noticed that the intelligence of the child was failing; its mind did not seem to be as bright as formerly. Still later they discovered that the child could not hear—it was totally deaf. Still later violent and frequently recurring epileptic fits set in. It has gone from bad to worse till now it is in a most pitiable condition. When the child came into the hands of the prominent neurologist, who reported the case to the society; it was five years old, with defective intelligence, a mind anything but bright and epileptic fits, frightful in both severity and frequency. The question was: Could anything be done in the way of a surgical operation for the relief of the child? The examination revealed the presence of a small nodule or prominence in the bone over or near the left third convolution of the brain. The inference

was that the "center for language" was injured in the fall and consequently the child made no progress in the further acquirement of language after the fall. The neurologist and his consulting surgeon had determined, it was stated, to trephine the skull at the point of the very slight prominence over the left third convolution. Was the diagnosis correct and was the proposed operation the proper thing to do? The writer thinks not. These physicians in their investigations have certainly switched off on the wrong track and may get into unexpected trouble, if they proceed to operate. Their conception of the nature of the injury and its consequences is wholly wrong. The writer modestly ventures to assert that in the fall there was a serious fracture through the base of the skull, involving both labyrinths and thus causing the total deafness. As the result of the deafness the child, as is always the case, could not learn new words and consequently failed to make further progress in acquiring language. Had the "center for language" been seriously injured the child would not only have failed to make further progress but would also have lost the words it had acquired or knew at the time of the injury. The brain itself was also seriously injured in the fall. As a result the child's intelligence and mental capacity have degenerated. This also accounts for the violent and persistent epilepsy. In my judgment the case is not an *operable* one. In all probability death will soon terminate the trouble. Mistakes in cerebral localization are easily made.

A. D. WILLIAMS, M. D.

Circumcision in Excelsis.—A remarkable custom obtains in Turkey, says the *Medical Press*, which is carried out at the expense and under the direction of the Sultan. It appears that three of the Sultan's sons are "ripe for the operation of circumcision," whatever this may mean, and custom enjoins that all the other little Turks in the Empire who are of or about the same age as the young princes, shall submit to the same procedure at His Majesty's expense. In order to make due provision for this interesting event, a palace is fitted up for the occasion. The patients, who are said to number five thousand, are housed, clothed and fed for a week out of the Sultan's privy purse, and at the end of that time each receives a gift of money before being sent back to the bosom of his parents.

Notes from Russian and Polish Literature.

Lysol in Surgical Practice.—In the Polish *Nowiny Lekarskie*, June, 1891, p. 231, Dr. Leon Szuman (pron. Shooman) of Torun, Russian Poland, details his experience concerning lysol (*lysolum purum*)—a new antiseptic fluid, brought forward by Messrs. Schuelke and Mayr, of Hamburg, and representing a saponaceous product of cresols. The author used it as a means *a.* for disinfecting his hands in surgical cases; *b.* for disinfecting the operation field (previously to the incision); *c.* for irrigating suppurating wounds; *d.* for disinfecting and cleansing surgical wounds in patients with tuberculosis of bones, joints, glands, etc. The substantial outcome of the author's observations may be summarized somewhat as follows: 1°. As regards its disinfectant power, lysol is by no means inferior to carbolic acid, or corrosive sublimate, or creolin. For disinfecting the operator's hands, it should be employed in the shape of a one per cent. aqueous solution (a two per cent. one gives rise to cutaneous irritation, causing redness and pricking pain); for irrigating wounds, similarly a one per cent. solution; for washing out the pleural cavity (in empyema, etc.) or the peritoneal one (in tubercular peritonitis, etc.) a five-tenth per cent. one. 2°. When used in the form of such solutions, the drug proves to be perfectly free from any toxic or unpleasant accessory effects. 3°. Lysol does not spoil either metallic or india rubber instruments. Nevertheless, it hardly can be applied for their disinfection, since the solutions are opaque (like an ordinary saponaceous water) and, on the other hand, make instruments very slippery. 4°. Celluloid articles (pessaries or any instruments) are readily injured by lysol (become friable, etc.). 5°. As a means for washing out the bladder (*e.g.* in cystitis) the drug can not be used altogether, since, even when employed in very weak solutions (for instance, a two per mille one) it gives rise to considerable vesical pain and tenesmus.

Koch's Tuberculin in Surgical Tuberculosis.—Prof. Nikolai V. Sklifosovsky, of Moscow—one of the greatest Russian surgeons living—has recently published (*Letopis Khirür-*

gitcheskaho Obshtchestva v' Moskvě [Annals of the Moscow Chirurgical Society] February and June, 1891, pp. 42 and 208), two important papers on the tuberculin treatment of surgical tuberculosis, based on thirteen cases from his own practice. Of the number, one was that of tubercular ulcers of the oral mucous membrane; two of cutaneous lupus (one of the face and one of the limbs); four of cervical lymphadenitis; three of synovitis; and three of chronic osteitis. The patients' ages varied from six to twenty-seven; the number of the injections (in gradually ascending doses of from 0.001 to 0.01 gramme) in individual cases from 5 to 11. In none of the cases could any improvement be noticed. On the contrary, in a majority of cases the patients' condition distinctly grew worse, in five the tubercular process assuming a more acute and more severe course. Of the five cases, in three (one of cervical lymphadenitis, two of chronic synovitis of the knee-joint) surgical interference became imperatively indicated, while the other two (one of oral tuberculosis, and one of facial lupus) died shortly after the cessation of the tuberculin "treatment," the lethal issue being caused by a fulminant generalized military tuberculosis. Of the remaining eight cases, in five, surgical treatment was subsequently resorted to. In none of the fatal or operative cases, could the microscopic examination discover any slightest "characteristic" changes either in the structure of tubercles, or about the tubercle-microbes. The following summary embodies the main propositions laid down by the distinguished surgeon:

- 1°. Koch's tuberculin is a powerful poisonous substance.
- 2°. When injected under the skin, it gives rise to a train of toxic symptoms which most closely resemble the phenomena of a septic poisoning.
- 3°. It has no remedial value whatever.
- 4°. On the contrary, it can be stated with an enormous probability (*s' ogromnoiü veroiatnostyü*) that the use of the substance directly leads to serious injurious consequences for the patient.
- 5°. Neither does it possess any diagnostic value since it actually can induce a would-be "characteristic reaction" even in non-tubercular patients. [Of the author's three cases of osteitis two subsequently proved to be multiple osteomyelitis; in both of them the "lymph" gave rise to an intense "reaction"—in fact, to a more intense one than in tubercular patients.]
- 6°. Koch's tuberculin should never be used for therapeutical purposes. Its use must be wholly and totally relegated to the biological laboratory (for experiments on lower animals)—and even this can become justifiable only after the substance has ceased to constitute a secret compound (that is, after the inventor and proprietor has disclosed everything concerning its composition and preparation).

On the Physiological Action of Somnal.—Somnal (*vide* the *ST. LOUIS MEDICAL AND SURGICAL JOURNAL*, January, 1891, p. 54; and the *New York Medical Journal*, November 29, 1890) is a new hypnotic, introduced by Mr. Radlauer (a Berlin chemist) and pretending to be a definite chemical combination of ethylic alcohol, hydrate of chloral and urethan ("ethylated chloral-urethan," as we are assured by the inventor). Following Prof. S. A. Popoff's suggestion, Dr. Apollon E. Tcheremshansky, of St. Petersburg (*St. Petersburg Inaugural Dissertation*, 1891, No. 43, pp. 122), has undertaken an extensive inquiry into the biological action of the drug, the experiments being conducted on dogs, rabbits and human beings (including the author himself). The principal corollaries deduced by the writer from his researches may be given thus: 1°. Somnal induces sleep through a direct action on the brain. 2°. The sleep is preceded by disturbances in co-ordination of movements, which is dependent upon the drug's action on the central nerve system. 3°. Somnal diminishes the irritability both of the psychomotor centres and the spinal cord. 4°. It lowers reflexes, acting directly on the spinal reflex centres. 5°. When applied locally, it depresses the excitability of the peripheral endings of sensory nerves. 6°. It does not seem to exercise any influence on the peripheral terminations of motor nerves. 7°. It lowers the blood-tension, the fall resulting from the drug acting both on the vasomotor centres and the vascular walls themselves. 8°. It manifests an inhibitory influence on the central, but increases the irritability of the peripheral endings of the vagus. 9°. It decreases the excitability of the respiratory centres. 10°. It lowers the bodily temperature. 11°. When administered in toxic doses, the drug kills the animal through inducing asphyxia. 12°. On the whole, with regard to its physiological effects, somnal stands midway between chloral hydrate and urethan. 13°. The action of somnal on the heart is a trifle less depressing, and hypodermic injections of the drug slightly less painful than those of hydrate of chloral. 14°. In comparison with urethan, somnal can not possibly claim even those advantages, since the former *a.* does not manifest any injurious influence on the heart; *b.* does not depress the arterial pressure; *c.* has a more unpleasant taste; *d.* even a thirty per cent. solution of urethan does not cause any pain in hypodermic injections. 15°. Whatever somnal might prove—a definite chemical compound, or simply a solution of chloral and urethan in ethylic alcohol—all the same the new hypnotic does not offer any appreciable practical advantages over its components. 16°. In view of *a.* the latter circumstance, *b.* the mysteriousness of the chemical composition, and *c.* the fact that the proprietor keeps in darkness and monopolizes the preparation, somnal should be discarded from the list of legitimate therapeutical means.

Lady Apothecaries in Russia.—In the *Saratovsky Sanitaanyi Obzor*, No. 10, 1891, p. 321, Dr. Ivan I. Molleson, the editor, says that a pharmaceutical college for women has been recently opened in St. Petersburg. The pupils are admitted every day in the year, and that on the following conditions: a. the candidate must be not younger than eighteen; b. she must produce a middle school diploma; c. she must present a certificate testifying that she possesses a certain necessary amount of knowledge of Latin language. The course lasts three years, successful pupils leaving the college with the degree of an apothecary's assistant (*Aptekarsky Pomoshtchnik*).

Albuminuria in Syphilis.—In the *Vratch*, No. 21, 1891, p. 511, Dr. Oscar V. Petersen, of St. Petersburg, publishes an interesting paper on the subject, in which he says that he has examined the urine in two hundred successive cases of syphilis, the total number of the examinations amounting to two thousand two hundred and eighty-two. Of the two hundred patients, in fifty-five (27.5 per cent.) albuminuria was detected, and that in twenty-eight out of seventy-eight patients (35.9 per cent.) suffering from recent syphilis; in twenty-two out of one hundred and three patients (21.3 per cent.) with relapses; and in five out of nineteen (26.3 per cent.) with late syphilis. In twenty-eight cases a "spurious albuminuria" (i.e., depending upon some accidental admixture of albumen in patients with balanitis, prostatorrhœa, etc.) was present; in nineteen, a "transitory" (or "physiological," or "cyclical") one, while in the remaining eight cases (4.2 per cent. of the grand total) a "genuine syphilitic albuminuria" was found. It is also interesting to note that out of eighty-eight consecutive *post-mortem* examinations, made by the author in syphilitic cases, as many as thirty-four renal lesions were discovered, while in seven cases chronic nephritis constituted a direct cause of death. The author arrives at the following general conclusions:

1°. In view of the fact that albuminuria can occur in all periods of syphilis, the urine should be examined in every one of the patients coming under the practitioner's observation.

2°. A genuine syphilitic albuminuria should be strictly differentiated from a spurious and a transitory one.

3°. Syphilitic albuminuria occurs in 3.8 per cent. of all cases of recent syphilis; in 3.8 per cent. of relapsing; and in 5.8 of late syphilis.

4°. Subcutaneous or intramuscular injections of salicylate of mercury (in the dose of from 0.1 to 0.13 gramme) may give rise to a short-lived transitory albuminuria, but such cases are met with exceedingly rarely.

5°. The elimination of mercury through the kidneys, as a rule, does not cause albuminuria.

6°. Under the influence of a mercurial treatment, syphilitic albuminuria rapidly decreases, to ultimately disappear altogether.

Berne, Switzerland.

VALERIUS IDELSON, M. D.

Medical Progress.

THERAPEUTICS.

Naphtalene in Dysentery.—The Berlin correspondent of the *Provincial Med. Jour.*, states, that among the uses of naphthalene we have now to reckon its employment against dysentery. Very excellent results have been yielded by it when applied in the form of suppositories, made as follows :

℞ Naphtalene.....gr. viij-xv
Ol. theobromæ.....3℥ss

M.
Flat. supposit.

It may also be advantageously employed in the form of an enema with oil, according to the appended formula :

℞ Naphtalene.....3℥i
Ol. olivæ.....3℥iv

M.
Sig. Use several times a day at first.

The hydrocarbon has also proved useful against oxyuris vermicularis. For children a clyster is prepared in somewhat different proportions, thus :

℞ Naphtalene.....gr. xv
Ol. olivæ.....3x-3xv

M.

It may also be pointed out that naphtalene has been recommended against thread-worms in children. In doses of two grains, internally it is said to be safe and reliable.

Resorcin in Septicæmia.—At the last meeting of the Kentucky State Medical Society Dr. W. Carroll Chapman read a paper on resorcin (*Am. Pract. and News*), in which he stated that in septicæmia resorcin seems especially indicated, as it influences the febrile and septic condition favorably, thus lessening the severity of the disease. To support this claim, eight cases of septicæmia were referred to, which came under Dr. Chapman's observation while he was resident physician of the Maternity Hospital in Baltimore. Resorcin was begun in the third case after the sixth day of the disease and after other remedies had failed completely. Resorcin controlled the fever and gastro-intestinal symptoms. The subsequent cases were treated with resorcin from the beginning with gratifying results. Of the eight cases four died and four recovered. Of those that died two did so before the resorcin was used.

In the third, resorcin was not begun until the sixth day of the disease, then, after other remedies had failed, the temperature responded to its use. Of the five cases treated with resorcin from the beginning, four recovered. It is true the latter cases seemed milder, but might not this mildness have been due to the resorcin itself, in consequence of the readiness in which the fever responded to the remedy, the slight derangement of the stomach allowing a freer use of sustaining remedies, and finally to its antiseptic properties? Dr. Chapman related one case in private practice, and referred to another which bore strong evidence in favor of the belief that resorcin alleviated the symptoms in septicæmia. While the few cases cited are not sufficient to give us positive knowledge of the influence of resorcin in septicæmia, they seem worthy of the careful consideration of reliable observers.

Children's Summer Complaint.—A writer in the *Kinder Arzt* recommends the following for the summer diarrhœas of infancy and childhood:

R	Resorcin.....	gr. iss-ij.
	Tincture of opium.....	gtt. ij.
	Tincture of cascarrilla.....	gtt. xvj.
	Infusion of chamomile.....	qs. ad $\frac{3}{4}$ ij.

M.

Sig. Teaspoonful every two hours.

Diuretin in Dropsy.—The effects of diuretin in dropsy are said to be remarkable by Dr. Robert H. Babcock (*N. Y. Med. Jour*). His conclusions, based upon clinical evidence, are as follows: 1°. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy. 2°. Not increasing arterial tension, it is likely to succeed where digitalis, caffeine, and their congeners fail. 3°. In cases of cardiac dropsy, with great feebleness of the pulse and arrhythmia, it will strengthen and regulate, rather than depress the heart's action. 4°. It appears to cause no irritation of the stomach, or kidneys. 5°. It requires to be given to the extent of from ninety to one hundred and twenty grains daily and preferably in small doses frequently repeated. 6°. It is best administered either in solution in warm water or in gelatin-coated pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the insoluble theobromine.

Bromoform Applied Topically.—Dr. Solomon Solis-Cohen publishes the following preliminary note in the *Medical News*: I have recently employed bromoform in a severe case of ozæna as a topical application to the nasal mucous membrane after thorough cleansing with hydrogen dioxide. The absence of the severe local reaction anticipated, together with the extraordinary success of the measure, not only in destroying the odor but in controlling the morbid secretion, encouraged me, after pre-

liminary trial upon my tongue and pharynx, to use the same agent as a topical application to tuberculous and other ulcers of the larynx, after cleansing with hydrogen dioxide. Here the agent seemed to exert analgesic as well as disinfectant properties as pain was relieved and healing apparently promoted. The agent being extremely volatile, the immediate effect is transient, and I have, therefore, followed the application of bromoform with insufflation of iodoform in powder. While this somewhat obscures the therapy, yet the effect was better than when iodoform had been used without bromoform in the same cases. This preliminary note is published at this time to induce further trial and report by others.

Baume (or Alcoolat) de Fioraventi.—This preparation is frequently found in prescriptions of French writers on skin diseases and the formula is one of interest. It is as follows, (*British Jour. of Dermat.*):

Larch turpentine.....	500 parts.
Elm resin.....	100 "
Tacamahaca resin.....	100 "
Amber.....	100 "
Liquid styrax.....	100 "
Gum resin of galbanum.....	100 "
Myrrh.....	100 "
Aloes.....	50 "
Chinese galangal root.....	100 "
Curcuma zedoaria root.....	50 "
Ginger.....	50 "
Cinnamon.....	50 "
Clove.....	50 "
Nutmeg.....	50 "
Leaves of dictamnus fraxinella.....	50 "
Alcohol (80°).....	3000 "

M.

This mixture is regarded as one of great utility.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Inoculation of Cancer.—At a recent meeting of the Académie de Médecine, V. Cornil read a paper on grafts and inoculation of cancer. He recalled the efforts which had been made to graft cancerous tumors upon healthy tissues, a question intimately related to the etiology of cancer which is suspected of being of parasitic origin. Experiments in this direction have been made by Goujois, Onimus, and Legros. Hanau succeeded in animals of the same species, as also Dr. Moran, who reproduced the cylindrical-celled epithelioma of the mouse by injecting the milky juice of the tumor under the skin of healthy animals. The grafting and inoculation of cancer will succeed in members of the same species, or on the one bearing the tumor. The speaker then referred to two cases furnished him, some four years ago, by a foreign surgeon, whose name he withheld for obvious reasons. In the first case a woman, who had a large tumor of the breast, was ope-

rated and a portion of the growth was inserted in the other breast with antiseptic precautions. The skin healed *per primam* and without any inflammatory reaction. In a short time a nodule could be felt and, two months after the grafting, it was removed, having attained the size of an almond. Cornil examined pieces of both tumors, and found them identical, being a fibro-sarcoma. The graft showed a large number of cells undergoing karyokinesis such as is observed in tumors which are rapidly developing. The grafted tissue had not lived as a parasite, but its vessels had anastomosed with those in the neighborhood, its cells having penetrated the surrounding tissues and caused their transformation into sarcoma. The patient died shortly afterwards of an intercurrent affection. At the autopsy no trace of sarcoma could be found anywhere. Of course, it may be argued that a predisposition existed in the patient and there is no doubt that a graft would succeed more easily, but Moran has shown that it would also "take" in sound members of the same species. In the other case, it was also a tumor of the mamma. The same experiment was made as in the first. It was a so-called tubulated epithelioma. The patient refused to have the inoculated breast operated, left the hospital, and was lost sight of. A nodule existed, however, at the time of her departure. These cases, together with the experiments made upon animals, demonstrate the possibility of engrafting sarcoma and cancer. They also confirm the hypothesis of grafting of pathologists. The cells of an abdominal or pleural neoplasm, separated from the surface, may thus engraft themselves at other points of the tumor which are normal and with which they have anatomical relations.

Swallowed Pin passed per Urethram.—The following remarkable case is reported by Dr. J. P. Tuttle in the *New York Medical Journal*: K. D., aged five years, while playing with a bent pin in her mouth, suddenly caught her breath and drew the pin into her throat. It lodged in the fauces, but, upon her mother attempting to remove it, was dislodged and swallowed. This occurred on the 12th of December. Fearing too great peristaltic action with a sharp-pointed foreign body in the alimentary canal, he gave no cathartics, but had the patient fed on food containing a large proportion of excrementitious matter, and the stools constantly examined to find the pin if it should pass. Ten days elapsed, and, nothing having been seen of it; he had about concluded it had imbedded itself in some of the intestinal folds or been overlooked in the dejections, when the father called to tell him that the child had passed the pin upon urinating that morning. She complained of sharp pain upon making her water, and, looking in the vessel, found the pin, somewhat corroded, but otherwise just as when she swallowed it.

The passage of the pin through the intestinal wall is not so remarkable as its passage from the bladder after it had once fairly entered that organ. Of course, it is possible the pin may have passed from the rectum through the vagina and not entered the bladder at all, but the child's symptoms indicated irritation of the latter organ.

DISEASES OF WOMEN AND CHILDREN.

A Switch of Hair Five Feet Long from a Dermoid Cyst was recently presented to the New York Obstetrical Society by Dr. P. F. Mundé (*Amer. Jour. of Obstet.*). He had removed it from a single woman, forty-one years of age, a month before. There was a dermoid tumor of each ovary, the right one being as large as a pregnant uterus of six months and containing this switch of hair, the other a small bail of hair and several teeth. This large switch sprang from a small, nipple-shaped protuberance at the upper portion of the sac, which was unilocular. At its root the switch was not more than an inch in diameter, gradually enlarging to a rope of matted hair as thick as the forearm. Dr. Mundé thought that probably very few cases of such enormous crinial development in a dermoid cyst are on record, although dermoids of the ovary are quite common, he himself having operated on fifteen cases, three of which were double. An unusual feature in the present case was that one of the cysts (the left) had developed downward into the pelvic cavity, and pushed up the bladder so that it protruded into the womb when the peritoneum was reached, and narrowly escaped injury. As soon as the cyst was removed the bladder dropped back out of sight, showing that it had not been drawn up by adhesions. Recovery was uninterrupted.

The Fenestrum in Obstetric Forceps.—Dr. Dan Millikin read a paper at the late meeting of the American Medical Association in which he detailed a case wherein a child's arm engaged in the fenestrum of his forceps (*Nashville Jour. of Med. and Surg.*). This led him to make the following remarks: For this reason I am ready to inquire whether the fenestrum has any reason to exist. What is it good for, anyway? It has been said in most of the systematic treatises that the fenestrum gives lightness to the forceps, but this proposition, which is at first glance very plausible, admits of question. Give me a solid blade that is admittedly too heavy, and I can lighten it either by grinding it thinner or by cutting out a fenestrum. If I cut out a fenestrum I weaken the blade, and I may need to thicken the remaining metal to restore the lost strength. In any instrument shop we may find examples of forceps which appear to have passed through this line of development; they are light blades with big fenestra and thick metal. And, after all, what signifies a little weight in

obstetric forceps? Ordinary instruments, fenestrated or not, do not weigh more than a pound, and one could easily make a long pair of crushing instruments out of a pound-and-a-half of steel. Surely the brother who cannot carry a pair or two of this weight is not fit to be out at night alone, much less to use the forceps.

On behalf of the fenestra it has been said that they permit prominent parts of the head to engage in them—the parietal eminence, for example—in such a manner that the forceps occupy no available room, take a much better hold upon the head, and obviate the tendency to slip. To this it may be answered in the way of disputation, that it is a remarkable streak of luck, and nothing but luck, when the prominence on a child's head project into the fenestra. It may be said, further, that the forceps rightly chosen and rightly used for the case in hand, do not occupy any available room nor, when in use, increase the diameter of the child's head measured between the blades. Fenestrated or non-fenestrated, they *make* room, moulding the head by compressing it to such a degree that were they of double thickness they would still find room. And, finally, as to the slipping of the forceps, it may be said that when they show an inveterate tendency to slip, the forceps or the operator should be changed; there is something amiss in the fit, the application or the manipulation.

And it may be urged further, that when we cut fenestra in our forceps, we increase the total amount of edge surface. Examining a child's head after severe forceps extraction one will find that the narrow rim of metal about the fenestrum has shown a tendency to actually cut into the tissues of the scalp. Not only the outer convex marginal edges make their mark, but also, in a lesser degree, the inner concave edges which bound the fenestrum.

SURGERY.

Excision of the Tongue.—Mr. Whitehead has lately reported one hundred and four cases of entire excision of the tongue for cancer, in the *London Lancet*. The mortality which occurred amounted to twenty or 19.21 per cent. which is a very good showing. He described his manner of operating as follows: 1°. The patient should be completely under the influence of the anæsthetic during the first stage of the operation, but afterwards only partial insensibility should be maintained. 2°. The head should be supported in such a position that the blood should gravitate out of the mouth rather than back to the pharynx. 3°. A firm ligature should be passed through the tip of the tongue for purposes of traction. 4°. The first step in the operation consists in dividing the reflection of mucous membrane between the tongue and jaw and the anterior pillars of the fauces. 5°. Rapid separation of the anterior portion of the tongue from the floor of the mouth, and 6°. Se-

curing, if possible, the lingual arteries with forceps prior to division. 7°. Passing a ligature through the glosso-epiglottidean fold before finally separating the tongue. 8°. The application of a mercurial solution to the floor of the mouth, followed by painting the surface with an iodoform styptic varnish.

Operations on the Cervix.—In a paper on Minor Uterine Surgery, Dr. J. M. Baldy, discourses as follows on the above subject (*Jour. of the Am. Med. Ass.*) The splitting up of the cervix for dysmenorrhœa and sterility has fallen into deserved disuse: all that can be accomplished in that direction, can be done with the dilators. Emmet's operation for the closure of lacerated cervix should meet much the same fate, at least in the vast majority of cases. The only excuse for the number of such operations which are being continually performed, is a fear of subsequent cancer. A simple uncomplicated cervical tear, causes no more trouble or inconvenience to the patient, than does a woman's ear which has been torn through by her earring. The ear would be repaired for cosmetic effects; the cervix is hidden from view, and that factor would not come into consideration. Most women have lacerations of the cervix of more or less degree. If the lips are thickened, everted and eroded, they will need treatment. Oftentimes simple scarification, followed by the application of iodine and glycerine tampons, will reduce this condition and leave a clean, healthy tear; one which will remain so until the end of time. If the lips cannot be brought into a healthy condition or if the uterus is subinvolved and the endometrium diseased, the case may resolve itself into an operative one; but even here a trial with electricity will often disappoint the surgeon. In his practice it is rare to see a lacerated cervix which calls for surgical repair. Cases which come to him from other men, who have advised an operation, get well without it. Oftentimes the symptoms, for which the operation was proposed, were found to be due not to the torn cervix at all, but to other troubles, principally constitutional. It is the easiest thing in the world to relight a pelvic inflammation whilst repairing a cervix, and he has seen this result follow such practice only too often. Taking it all in all, he decidedly approves of minor uterine surgery in the field to which it is applicable, but it must be borne in mind that this field is a limited one, and one which becomes more and more narrow as our diagnostic resources increase.

Abdominal Section after Parturition.—In an interesting article on the conditions following parturition requiring abdominal section (*Med. and Surg. Rep.*). Dr. E. E. Montgomery states that septicæmia is a possible one. In cases of sepsis he advises the following method of treatment. 1°.

Careful examination as to the avenues of entrance of septic material, and prompt measures to secure its elimination. 2°. Where there is no vaginal or vulvar laceration to afford an entrance, the dilatations of the uterus and the thorough curetting of its cavity, followed by intra-uterine irrigation. 3°. Where the presence of septic absorption has led to evident accumulation within the pelvis, or to the presence of fluctuating masses therein; prompt opening of the abdominal cavity, with the removal of the diseased organs, irrigation of the cavity and drainage. 4°. Where no cause for septic disease is found in the pelvis, where curetting and irrigation of the uterus has had no influence upon the progress of the disease, an exploratory incision should be made to determine whether there are not small pus collections within the internal organs, serving as centers for the distribution of the poison. If the ovaries are somewhat enlarged without giving rise to other symptoms to indicate the presence of pus within them, it should be determined if necessary, by puncture. In the healthy organ, puncture with an aseptic knife or needle will not injure it. If it contains pus as in our patient, such a plan would lead to its disclosure. 5°. Where the uterine walls are the seat of abscesses, the uterus itself should be removed. 6°. Where fibroid tumors within the walls of the uterus are associated with septic symptoms, operations should be done promptly and these growths with the fundus of the uterus removed. 7°. If there has been any reason to suspect the presence of small dermoid or other ovarian cysts, and their injury during parturition, abdominal operation is urgently indicated, and where they have not been suspected and are the cause of the septic symptoms the course of procedure directed would lead to their disclosure and removal.

Book Reviews.

A Text-Book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Diseases and their Employment upon a Rational Basis. By HOBART AMORY HARE, M. D., B.Sc. •Second Edition, enlarged and thoroughly revised. 8vo. pp. 658. [Philadelphia: Lea Brothers & Co. 1891.]

Within the period of six months a second edition of this work has been called for, and has appeared. In the present edition some additions have been made, notably the method of employing the rest-cure, and the use of suspension in the treatment of *tuberculous dorsalis* and allied affections.

The minor defects which existed in the first edition have been corrected, as well as the manner in which it was written. This improvement was demanded and the author wisely

heeded the advice given him. It has had the effect of greatly improving the work and, under the circumstances, we would not be surprised to see a third edition appear in a short time.

One of the features of the book is the posological table which is appended and the numerous indexes. These latter are most useful and always appreciated by readers, especially if they be in a hurry to look up any certain point.

The mechanical execution of the book is in the Leas' usual style, neatness and durability of binding being combined with clearness of type and freedom from typographical errors.

A Treatise on the Diseases of the Nervous System. By WILLIAM A. HAMMOND, M. D. With the Collaboration of GRÈME M. HAMMOND, M. D. 8vo. pp. 932. With one hundred and eighteen Illustrations. Ninth Edition, with Corrections and Additions. [New York: D. Appleton & Company, 1891; St. Louis: John L. Boland Book and Stationery Co. Price, cloth \$5.00.

"Nothing succeeds like success," an exemplification of which may be found in the work which lies before us. The first edition appeared twenty years ago, and this, the ninth, promises to meet with as much popularity as those which preceded it. In the present instance, Dr. Grème M. Hammond has collaborated with his father. This, no doubt, has greatly added to the completeness of the work as the former is known to have good critical acumen, and to be a facile writer. The work is quite complete in character, and the various affections are classified in an analytical manner. One of the sections is devoted to obscure diseases of the nervous system under these being included Landry's paralysis, myxœdema, acromegaly, Thomsen's disease and Reynaud's disease. Why Addison's disease was not included in the list, we can not see, for it seems to be more than probable that it is some disease of the sympathetic system, or of some part of it, in view of recent anatomical discoveries.

The introductory chapter on the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, could have been made larger with advantage. The suspension treatment does not seem to receive any special mention beyond its doubtful value in the treatment of tabes dorsalis. The authors advocate the abolition of the axillary supports, but are not enthusiastic over its use.

No mention is made of the ligation of the vertebral arteries in epilepsy. Some very good results have been claimed for it, but in the few cases seen by the reviewer the outcome of the condition did not justify the risk of the operation, as nothing but temporary amelioration was observed.

With the exception of a few such omissions of little importance, the work is very thorough. The descriptions given are excellent, and frequently illustrated by clinical descrip-

tions. In the matter of therapeutics the directions are plain, and, based, as it is, upon a large and extended experience, there is considerable value to be attached to whatever is said in this connection. In addition, a large number of illustrations aid in making the text clearer and more easily understood. This work is destined to hold a front rank for many years to come, as it has done for two decades in the past.

The typographical part is excellent. The press work and binding are in the usual neat style of the publishers.

A Practical Treatise on Diseases of the Skin. By H. G. PIFFARD, A.M., M.D., assisted by ROBERT M. FULLER, M. D. Quarto, pp. 157, with fifty full-page Original Plates and thirty-three Illustrations in the text. [New York: D. Appleton & Co. 1891. St. Louis: 904 Olive St. Price, \$15.00. By subscription only.]

It has been very aptly remarked that of the making of books there is no end, but it is equally as true that good books are far from numerous. They will never become a drug upon the market, and the one before us is without doubt one of the best we have had the pleasure of seeing. It is unqualifiedly the best photographic atlas of skin diseases which has been published, and this alone is sufficient to commend it to the favorable notice of everyone practicing medicine. The author has demonstrated the fact that colored plates are not absolutely essential to the pictorial representation of skin diseases. The plates in this work are gems of the photographic art, being handsome large artotypes made from negatives by the author, who has demonstrated in his atlas the perfection that may be attained by the use of the "flash-light." Among those which are particularly good are the plates representing eczema of the palms (III), the flat papular syphilide of the soles (X), elephantiasis (XXIV, XXV), mamillitis (XLV), etc. The photo-engravings are also done in the highest style of the art and add much to the value of the book.

The text is good and lucid, the innovations in nomenclature introduced by the author being few in number. The descriptions are well written, the pathology, treatment, etc., being also good, although necessarily curtailed by the limitations of space imposed upon a work of this character.

We can find only one fault with the work, if fault it can be called, viz.: the limited number of plates. Those that are given are so good that we would like to see a larger number, and we hope that a supplementary volume of such will be issued at some future date not far removed.

The publishers have not been behind in their share of the work. The typography is most excellent and clean; the paper of the best, and the binding neat and durable. The work should meet with a large and ready sale, as it combines merit, value, and cheapness in a manner seldom seen. O-D:-

Literary Notes.

The Atlanta Medical and Surgical Journal has changed its cover, and, in our opinion, it is a great improvement. It is neat and tasty, the title occupying a half page.

The New Orleans Medical and Surgical Journal has changed its title page in a manner which improves it wonderfully. Dr. Augustus McShane is now proprietor as well as editor, and we congratulate him upon his success, which may be measured by the fact that the price of this excellent journal has been reduced to \$2.00 per annum.

The Vis Medicatrix is the name of a new bi-monthly devoted to medicine, human and comparative, being the journal of the Iowa State Medical Society. It is an octavo of 55 pages edited by Woods Hutchinson, A. M., M. D., and published at Des Moines, the subscription price being \$1.00 per annum. The first number, before us, looks well, and no doubt the standard thus set will be kept up.

Paris Medical has ceased to exist. Its editor and publisher, the well-known pediatricist, Dr. E. Bouchut, has been forced to abandon the publication of his journal by reason of ill-health and fatigue. It has been incorporated with another one of our valued exchanges *La France Médicale* which will hereafter appear under the name of *La France Médicale et Paris Médical*, A. Chevallereau being editor-in-chief.

Advertisers and Advertisements are of more than passing interest to the publishers of medical journals. We have received direct information of the fact that Dr. A. L. Hummel and Mr. Charles Roome Parmele, both well-known to the profession, have lately formed a partnership to act as medical journal advertisers. They will act as the representatives of publishers and advertisers and, in that way, serve the best interests of their patrons. The firm will have offices in Philadelphia and in New York and we bespeak a successful future for them as both are what are popularly denominated "hustlers."

Practical Points in the Management of Some Diseases of Children is the title of a recent number of the Physician's Leisure Library published by Geo. S. Davis, of Detroit, Mich. The author of this brochure, Dr. I. N. Love, has not attempted to give us a treatise on pediatrics, but has simply taken up a few of the diseases incident to infantile life. The author has arrived at one point which is the paramount one to the majority of medical readers—the practical. He dwells on his subject with sufficient force to render it impressive, although he

becomes rather diffuse at times. While this little work has a few of those minor defects which a searching criticism will find in any medical work, on the whole, it is an interesting talk upon a portion of a subject, but too little understood by the profession in general. The price at which it is published—twenty-five cents—places it within the reach of all.

American Men of Eminence is a small brochure issued by the Arlington Chemical Co., the well-known peptonoid manufacturers. In this publication they furnish the physician with six portraits of representative Americans. The pictures are most handsomely executed and the pamphlet is one fit to adorn the parlor centre-table. The present is merely the first series and we are anxious to see those that will follow. We would advise every physician who has not received this dainty souvenir to apply immediately to the Arlington Chemical Co., Yonkers, N. Y., who will take pleasure in immediately forwarding it.

Les Mesures Repressives a l'Egard de Vénériens Autrefois-Aujourd'hui is the title of a short monograph by Dr. F. Buret. He makes a critical analysis of the efforts which have been made to regulate prostitution from the time of Moses up to the present day and he expresses his disapproval of the various methods employed on account of their inadequacy. This he attributes to the fact that those who are the victims of venereal disease are looked upon and treated as criminals instead of unfortunates. The nearest solution of this problem he regards as the purely medical treatment of venereals. Build hospitals, on the pavilion plan, and make less public the wards. Conduct such hospitals in a manner that will attract the patients and they will come for treatment. Under proper care there will be an enormous diminution in the dissemination of venereal troubles, especially syphilis, and the ultimate good effects will be much better than the repressive measures now in force in so many countries. In Paris experience has shown that prostitutes voluntarily seek treatment at those hospitals where they are treated as patients and not as criminals.

Books Received.—The following books have been received, and will be reviewed in future numbers of the JOURNAL:

A Text-Book of Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease, and their Employment on a Rational Basis, by Hobart Amory Hare, M. D., B. Sc. Second Edition, enlarged and thoroughly revised. 8vo. pp. 658. [Philadelphia: Lea Brothers & Co. 1891.

Medical Publications Harvard Medical School. Vol. II. 1890. 8vo. Eighteen monographs bound in one volume.

Origin, Purpose and Destiny of Man, or Philosophy of the

Three Ethers, by William Thornton. 12mo. pp. 100. [Boston: Published by the author. 1891.

Collected Contributions on Digestion and Diet, by Sir William Roberts, M. D., F. R. S. 12mo. pp. 261. [Philadelphia: Lea Brothers & Co. 1891.

Protection or Free Trade? by Henry George. 12mo, pp. 216. [New York. Henry George & Co. 1891. Price, 25 cents.

Lectures on Tumors from a Clinical Standpoint, by John B. Hamilton, M. D., LL.D. For the use of students. (Physicians' Leisure Library). 12mo. pp. 138. [Detroit: George S. Davis, 1891. Price, 25 cents.

Pamphlets Received.—The following pamphlets and reprints were received during the past month, and we take this opportunity of returning our thanks therefor: The Social and Medical Aspects of Insanity, by John Punton, M. D. (Read before S. W. Mo. Dist. Med. Soc., May 11, 1891); Report for the Year 1890-91, presented by the Board of Managers of the Observatory of Yale University to the President and Fellows; Forty-Third Annual Announcement of the Medical Department of the University of Georgetown, Session 1891-92; Eleventh Annual Announcement of the University Medical College of Kansas City, Mo., Session 1891-92; Announcement and Catalogue of the Albany Medical College, Sixty-First Session, 1891-92; Thirteenth Annual Announcement of the St. Louis College of Physicians and Surgeons, Session 1891-92; Stricture of the Oesophagus from Interstitial Thickening of its Walls.—A Fibroid Hypertrophy, by John O. Roe, M. D. (Reprint from *New York Medical Journal*, March 14, 1891); The Aseptic Method as Applied to Intra-Nasal Surgery, by John O. Roe, M. D. (Reprint from the *Medical News*, March 28, 1891); Kali Chloricum.—A Lecture by Charles S. Mack, M. D. (Reprinted from the *Hahnemannian Monthly*, June, 1891); Ueber die Anwendung eintrocknender Linimente (Linimenta exsiccantia) bei der behandlung von Hautkrankheiten, von Filipp Josef Pick (Sonderabdruck von der *Prager Med. Wochenschrift*, No. 21, 1891); Education and Power, by Morrison I. Swift (Ashtabula, Ohio. Price, 25 cents);

To be Tried Under the Code.—A San Francisco physician, member of the San Francisco County Medical Society, read a paper before that body, and the following day extensive abstracts of his contribution appeared in the daily public press, presumably with his knowledge, consent and assistance. Charges were promptly brought against him for a violation of the code of ethics, and his trial was set for an early date.

Society Proceedings.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF
BALTIMORE.

May Meeting. The President, Dr. Henry M. Wilson in the chair.

Dr. Brinton read a paper entitled "A Day's Work in Obstetrics." Under this title he related the following cases: 1°. A case of podalic version. 2°. A case of normal labor. 3°. A case of shoulder presentation; efforts at version unsuccessful; vagina ruptured; the woman dying undelivered. 4°. A case of placenta prævia lateralis treated by internal podalic version. Mother and child saved.

Dr. Miltenberger.—There is some discussion in regard to the preference for high forceps and version. I prefer version, but the profession is divided, and the choice comes to a matter of skill and individual practice.

Dr. Neale.—One of the points claimed for version over high forceps, is that in version the narrower diameters of the head come first. It has been claimed that the same condition is brought about in the use of forceps by the diminution of the diameters of the crown, so that they are less than those of the base of the skull. I can not see how this is, for certainly the forceps do not, as a rule, compress sufficiently to reduce the diameters of the crown to less than those of the base of the head.

Repeated attempts at version has often given bad results where the uterus is contracted and retracted. When there is a neglected cross birth, and the child is dead. After a moderate attempt at version has failed, decapitation should be done.

By means of Braun's hook, it is certainly a comparatively easy and safe procedure.

I have no criticisms to make upon the treatment Dr. Brinton adopted in his cases.

Dr. Brinton.—Since this case of rupture of the vagina has been reported, it has been stated by a pathologist of this city that it is the only one on record. I would like to ask if any of the gentlemen present know of any such cases?

Dr. Miltenberger.—There are certainly on record many cases of rupture of the vagina. I have seen at least two such cases.

Dr. Thos. A. Ashby.—I once passed a sound through the uterus. The sound went in easily, and could be felt just below the umbilicus. Before this the patient had had pus running slowly from the uterus, which had evidently had its origin higher up. There were no bad symptoms; the woman rode home, a distance of eight miles, and was not heard from.

I once attempted to remove an epithelial growth from the vagina, and all at once the intestines came down. I cleaned away the diseased tissue, closed up the opening with a firm stitch, and the wound healed promptly. The patient lived eleven months.

Dr. Geo. W. Miltenberger read a paper upon "Superfoetation and Superfecundation."

Dr. P. C. Williams.—I had a case recently of ovulation during lactation. A lady came to me, who had continued to nurse her child, and is now five months pregnant. These cases show that there may be ovulation without menstruation, and lead me to agree with Dr. Miltenberger.

Dr. Ashby.—I have had cases similar to Dr. Williams. I have been surprised at the frequency with which menstruation returned after apparent removal of both ovaries and tubes. One of the first cases upon which I operated, was one of hystero-epilepsy. I thought I had removed all the ovarian tissue, but found subsequently that I had not. She began to menstruate about eight months after the operation, and afterwards suffered from metrorrhagia. Three years later, I examined her under chloroform, and found a small tumor. I operated, and removed a small portion of an emptied ovary. She recovered promptly, and has not menstruated. Her health is good, and there has been no return of the hystero-epilepsy. I have had other cases in which some parts of the ovaries had been left behind. These women continued to menstruate.

In those cases where I have succeeded in removing the ovaries entirely, I have not observed the return of menstruations.

Dr. B. B. Browne.—I attended a woman a few years ago who had seven children, and had never menstruated. She was married before menstruation began, and had had children very frequently.

I think superfoetation does occur. It certainly occurs in uterus septus.

The removal of the ovaries has little to do with the cessation of menstruation, but the tubes have much to do with it, and it is when a portion of the tube remains behind that menstruation continues. Menorrhagia will occur when the tube is closed at the outer extremity. When a part of the ovary is left, of course, a part of the tube is left also.

Dr. W. E. Mosely.—My experience has been such as to make me believe that menstruation does not depend upon the presence of the fallopian tubes, nor is it independent of the ovaries. Eighteen months ago, I opened a woman's abdomen for a very severe case of chronic pelvic peritonitis with double pyosalpinx.

Both tubes were tied close to the uterus and removed, but after a diligent search, no trace of either ovary could be found.

Dr. W. H. Welch, to whom the specimens were shown, expressed the opinion that the ovaries had probably been destroyed in the inflammatory process. The patient made a good recovery after very prolonged drainage, made necessary by the sloughy condition of the pelvic contents and the fecal fistula, which persisted for several weeks. This patient for months has been menstruating regularly and freely every three weeks. In all probability some portion of ovarian tissue escaped destruction.

In another case in which I took especial pains to remove every particle of each ovary, and both tubes on account of severe hæmorrhage, the patient has not had a show during the past twelve months.

Dr. Ashby.—Mr. Tait has maintained the position of Dr. Browne for several years.

In one case the patient had been suffering from hæmorrhage of tubal origin; I removed both tubes and one ovary. The other ovary having undergone cystic degeneration, it was impossible to remove all this ovarian tissue. This patient has been cured of her metrorrhagia, but has a veneral menstruation.

Dr. Opie.—It seems quite well established by post-mortem results, that all cases of menstruation following oophorectomy, are due to failure on the part of the surgeon to completely remove the ovaries.

The utero-ovarian ligament, however, is sometimes very short, and the button-like section beyond the ligature, which in such cases contains ovarian stroma, may keep up a dominating influence; again, the anatomical shape of the ovary gradually sloping off into the ligament, causes a part of the ovarian tissue to be left on the uterine side of the ligature in spite of the utmost care on the part of the operator.

The rule after child-birth seems to be that menstruation is in abeyance for a variable number of months, but cases have doubtless occurred in the experience of most obstetricians, when it has been uninterrupted during lactation. I have met with a number of cases where women have conceived during lactation, when there was no accompanying monthly flow. Mr. Tait thinks that during and even after the menopause, ovulation goes on, though the mucous membrane is disqualified for securing a fecundated ovule. Ovulation may be going on during lactation, but the mucous lining of the uterus may not be well qualified for menstruation or fecundation.

Dr. Burk, of New York, who has a dairy-farm, has been performing some interesting experiments to find out the mode of securing the best quality of milk. He has determined that the heifer after the removal of the ovaries can be made a perpetual milker, and that the milk is of better quality than in cows subject to ovulation and impregnation.

Dr. Brinton.—With reference to menstruation after the removal of the ovaries, we have the statement that one or two per cent. of women have supernumerary ovaries, and possibly the return of the menstruation is due to the presence of the third ovary.

Dr. Miltenberger.—Dr. Browne laid much stress upon the fact that menstruation continued when obstructed tubes were present. Menstruation has nothing to do with the passage of the ovule along the tubes, but is due to the immaturation of the ovule. Therefore the tube may be obstructed as much as you please, and there will be no results. Baltry and Engelman have reported a number of cases of pregnancy after the ovaries were apparently removed by skillful operation. In other cases the ovaries, supposed to be removed, have been found post mortem.

Dr. Browne.—In most cases where the ovary and tubes are removed, the lumen of the tube is obstructed by the ligation.

Dr. Ashly exhibited a specimen of a ruptured tubal pregnancy, which he had removed from a patient seen in consultation with Dr. Arthur Williams, of Elk Ridge, Md. The patient was thirty-four years of age, and gave birth to one child ten years ago. She conceived in February of this year, and about the eighth week of gestation was seized with violent symptoms of intra-pelvic hæmatocele. Dr. Williams was called in, and after examination, diagnosed the condition as a ruptured tubal pregnancy. I saw the patient with him the following day, and upon examination confirmed the diagnosis. The patient rallied from the shock of the first rupture, and one week later a second rupture took place; though not followed with such violent and dangerous symptoms as in the first instance. The surroundings of the patient were so unfavorable that she was removed from her home in Anne Arundel County to the Maryland General Hospital, where the laparotomy was performed. Upon opening the abdomen her pelvis was filled with bloody serum, blood clots and evidence of general peritonitis. The omentum was in such a condition that it was found necessary to remove about three-quarters of the tissue.

The patient was critically ill from the third to the fifth day from symptoms of internal obstruction. Her bowels were moved by administering one-grain doses of calomel every hour for twelve hours, every other method having failed. The patient has made a successful recovery.

This is the third case of tubal pregnancy I have removed by laparotomy within the past two years, all of them having recovered.

The Prevention of Phthisis.—A French writer observes that the prophylaxis of tuberculosis may be summed up in five words: "Keep water in the spittoon."

ST. LOUIS MEDICAL SOCIETY.

June 6, 1891.

DR. A. D. WILLIAMS in the chair.

Excision of the Tongue.—Dr. T. F. Prewitt presented specimens and said: The case is one of excision of the tongue in a man, nearly seventy years of age. He presented himself with an epithelioma, involving the under surface of the tongue, and the floor of the mouth. He had also serious disease of the heart; the pulse was not only irregular, but upon placing the ear to the chest, there could be perceived fluttering movements, but which were not transmitted to the wrist. On examining the urine there was evidence of old interstitial nephritis, casts and albumen, etc. These symptoms being present in a man of seventy years of age, rendered the outlook rather discouraging. He was a German, and spoke English very imperfectly. His daughter being intimately informed, she explained to her father the serious character of his trouble, and the great danger of using chloroform. After she had explained the matter to her father, he took it very philosophically, and said he would have the operation done. Accordingly chloroform was administered, and with the view of facilitating the operation, and obtaining a more ready access to the tongue, the incision was made inferiorly, with the expectation of pulling the tongue down and out through the incision more readily and rapidly. Practically this proved impossible; for at every attempt to pull the man's tongue down, respiration was arrested, and he became livid in the face. Two or three times death seemed imminent; at last the tongue was pulled up and removed through the mouth. Various blood vessels were tied, among them the lingual artery; still there was considerable bleeding from numerous other vessels, which were also tied. Eventually the whole of the growth was successfully removed, involving, perhaps, something more than half the tongue. The patient rallied from the operation, and has been doing very well ever since.

Another case only a few days ago, the speaker removed, from the opposite side of the mouth, the growth involving the periosteum and bone to such an extent that it was thought best to make a section of the bone. This was done by cutting through the jaws a little to one side, pulling the two sides of the jaw apart, and sawing out a section of the bone on the left side, including all that portion which was involved in the disease. In this latter case, also, something more than half the tongue was removed. He made uninterrupted progress toward recovery, is now going about, and to-day visited his office.

June 13, 1891.

DR. YOUNG H. BOND, in the chair.

Report of an Autopsy—A Uterus and its Appendages.—Dr. Lutz presented the specimen and said: This

specimen was obtained post-mortem ; he did not know whether to denominate it a pathological or a physiological one ; he had never before seen a specimen like it. The history obtained is, briefly, this : The girl, from whom this was taken, was sixteen years old. She was an epileptic from early infancy, and the day before yesterday, without any apparent additional cause, during an epileptic attack, she died. The father tells me the girl never menstruated, and so far as the microscopical appearance of the peritoneal cavity, including the true pelvis is concerned, there was no evidence of any disease. The statement made that she had never menstruated is corroborated by a careful examination of the ovaries. The fimbriated extremity of the tubes and broad ligament are normal ; the os uteri is rather patulous ; whether or not that is a post-mortem condition is problematical. The uterus itself is two and a half or three inches in length. The specimen is presented that some information as to the ovaries might be obtained. The opportunity is rarely afforded to make a post-mortem examination of a virgin, or children before the age of puberty, and the absence of the corpus luteum indicates that ovulation had not taken place. (The ovary being opened small cysts were found.)

Dr. Brokaw said he believed the ovaries to be in a state of cystic degeneration, though internal. In the cases he had seen of cystic degeneration, the cysts were more superficial. In this case they are in the central part of the ovary. The ovaries are about three times larger than normal, and seemingly there is very little of the healthy portion left. Now what action this may have had upon the epilepsy of the individual it will be difficult to say.

Dr. Bond said : As a rule, even before menstruation is established, we have evidence of discharge of Graafian follicles. In this case there is an absence of this evidence of ovulation, which, together with the gross appearances of the ovaries, leads me to believe that the pathological state, now ascertained, prevented ovulation. Another interesting feature about the case is the history of non-menstruation. Now it is quite well recognized at the present day, that ovulation and menstruation are not necessarily concurrent, not necessarily related, at least, after the function of menstruation has become established. But ovulation is essential to the introduction of the process of menstruation. If ovulation never occurs, we never have menstruation ; but when the process of menstruation has been instituted by the stimulant imparted by ovulation, then menstruation can and will go on independently of ovulation.

Dr. Dorsett said this case reminded him of a girl, who was admitted to the Female Hospital about two years ago, to be treated for epilepsy ; and who gave the following history : She was *æt.* nineteen and a native of England ; had received

an injury to the head some years previously; had had epilepsy since she was thirteen years old; and from the fact that her epilepsy came on monthly, it was supposed that her ovaries had something to do with her epileptic seizures. With some difficulty we examined her, having first placed her under an anæsthetic; we could pass the sound into the uterus only to the depth of one inch; she had, apparently an infantile uterus. The ovaries were at the time removed; and when the parts were exposed, the uterus itself presented a very peculiar and anomalous appearance; there was no body to the uterus at all; there was simply a narrowing; no Fallopian tubes, but there were two ovaries about double the normal size and attached to the broad ligament. She recovered kindly from the laparotomy; and, strange to say, she had no convulsions for six months, hence we were almost ready to declare that the operation had effected a cure. After the six months, however, convulsions returned just as regularly as before. She died, finally, in an epileptic fit. At the site of injury to the head there was an indentation upon which a slight pressure produced convulsions, not a well marked typical epileptic convulsion, but rather a hysterical condition. She would throw herself upon the bed always upon the buttocks, and, with the feet or hands, pound the floor for ten or fifteen minutes; and then if we walked away, or did not observe her longer, she would get up and go back to bed.

Dr. Meisenbach said he would like to ask Dr. Lutz if there was any malformation or disproportion of the external genitalia?

Dr. Lutz: No, sir; they were apparently well formed; she was a well-developed girl; the mammæ and genitalia were well developed.

Dr. Meisenbach: Were there any symptoms of sclerosis or organic disease of the organs?

Dr. Lutz: None other than the epilepsy; the immediate cause of death seemed to be congestion of the lungs, because her lungs were intensely congested, and both cavities of the heart were entirely empty; nor was there any injury to the head, nor any external mark of violence for which search was made with due diligence.

Dr. Meisenbach continued: The reason these questions were asked is, because in cases of suppressed menstruation or where menstruation does not take place at all, we often have a want of development of the sexual apparatus; that is we may have a vagina wanting or only partly developed; or the cervix or body of the uterus wanting or partially developed; or the fimbriated extremity, or tubes, or ovaries in a like state of development. In connection with the nervous disturbance, in this class of cases, we may have a lack of development and function, and also a defective organic condition of the heart. The speaker distinctly recollected a case in which a young

lady, æt. twenty-three, came under his notice; she was extremely chlorotic, and there was serious heart lesion; but the genitalia were very imperfectly developed. An examination revealed the fact that the uterus was wanting in form; and the breasts were not developed; the vagina was so contracted that the point of the little finger could not be introduced; on this account a thorough examination was utterly impossible. The patient finally died, but a post-mortem could not be obtained.

June 27, 1891.

DR. J. C. MULHALL, Vice-President, in the chair.

Lympho-Sarcoma of Neck.—Removal.—Dr. Meisenbach said, he presented a fresh specimen removed this afternoon, from a patient, about thirty years of age. The specimen is a growth from the cervical region, involving the submaxillary and lingual glands, the parotid, and other deeply seated cervical glands. The case was seen for the first time about two weeks ago, the man then appearing very cachectic. Two years ago he was in perfect health; at the time of his marriage, one year since, a small swelling was noticeable under the lower jaw; this during the succeeding eight months has increased very rapidly, and began to have quite a sensible effect upon his health. The speaker, two weeks ago, made a careful examination of the case, and found a tumor of considerable size under the lower jaw, extending forward as far as the symphysis; and also extending backwards beneath the ear, and back to the posterior part of the sterno-cleido-mastoideus muscle; and downwards as far as the upper border of the clavicle. The patient readily assented to an operation, and to-day the growth was removed, requiring five hours in the operation. In removing it important structures of the neck were exposed—the sheath of the common carotid artery, the brachial plexus and all the triangles of the neck—and also the sterno-cleido-mastoideus muscle. The submaxillary portion of the growth offered fewer difficulties to the removal, than other portions. Indeed after the submaxillary portion was removed a second tumor was discovered which extended under the sterno-cleido-mastoid into the posterior triangle of the neck, and downward to the upper border of the clavicle, but very deeply seated upon the fibrous connective structures, even to the vessels of the brachial plexus, requiring a great deal of tedious and laborious dissection, in order to remove it; manipulating the curved scissors, the fingers, and scalpel as occasion demanded. In the process of removal, several branches of the external carotid were necessarily ligated; the facial, posterior occipital, lingualis and some of the smaller branches. Judging from the history of the growth, it was thought to be a lympho-sarcoma, no opportunity having been afforded for a microscopical section. The patient late this evening is doing well. The man,

having some valvular lesion of the heart, ether was administered after he had been narcotized by chloroform.

Tracheotomy for Laryngeal Stenosis.—Dr. Prewitt presented a boy *æt.* five, and said, he was brought to him about two weeks ago evincing great difficulty in breathing; and on any unusual excitement he seemed to be almost suffocated; it was evident that there was some trouble of the larynx of a serious character, and without unequivocal knowledge of the facts in the case, by intuition, he supposed it was due to a specific trouble. The boy having been for months in constant danger of suffocation, and no reasonable probability of amelioration without an operation, the speaker opened the trachea and put in a tube, which relieved the breathing; then the patient was put on constitutional treatment, by which he had improved amazingly. He is still wearing the tube.

Sarcoma of Axilla—Removal.—Dr. Harkins said, he presented a large tumor weighing twelve pounds removed on 25th from the axillary of an unmarried lady, *æt.* twenty-one. It is supposed to be a sarcoma. The history of the case is as follows: About seven years ago there first appeared a little boil as it were on the index finger; after allowing it to reach the size of a partridge's egg, it was removed by a gentleman in Cincinnati. In the course of the succeeding five years, it was removed four times. Before the last removal electricity was tried, but produced no beneficial result. The last operation was the removal of the index and middle fingers with the corresponding metacarpal bones. About three months afterwards she noticed a tumor in the axilla, which grew rapidly. The last operation, before the appearance of the present tumor, was done about fourteen months ago. This tumor filled up the whole axilla; and a superficial examination would authorize the diagnosis that it was attached to the scapula and also to the ribs; a more careful examination determined the fact, that neither of these structures was implicated. The operation was performed without difficulty under chloroform narcosis. The only important structure found to be implicated, was the pectoralis major muscle, which was cut away where the tumor was removed; the growth was dissected away with the fingers; and the entire mass, as far as the eye could discern, was removed, none of the adjacent tissue being infiltrated with the mass. Only one vessel was tied and that was very small, probably the acromial branch of the acromio-thoracic artery. The patient is doing well, the wound having partially healed, as far as can be determined now, by first intention throughout. The case was presented to the society on last Saturday evening. The operation was performed by Dr. A. C. Bernays, assisted by Drs. Broome, Kinder, Black and myself.

Dr. Broome said, he thought the case reported by Dr. Harkins a very interesting one and from a diagnostic stand-

point exceedingly instructive. There was no unusual difficulty attending the removal of the tumor; no important complications were encountered; the entire mass was readily stripped from its attachments, and the patient is making a splendid recovery.

Sarcoma in the Axilla.—Dr. Prewitt said: The first specimen presented is a tumor of the axilla, removed from a man about two weeks ago. This was a primary growth and from its clinical history is clearly a sarcoma, though no microscopical examination has been made. This had been growing but a very short period; he had noticed it only about two weeks before he consulted me. At that time it presented quite a large projection in the axilla; so much so that the man had to carry his arm out away from the body. The tumor involved the axillary vessels, extended under the clavicle, and demanded a great deal of very cautious work to dissect it loose from its attachments, especially, the axillary vessels; a portion of its extension under the clavicle was first removed, afterwards that of the main bulk of the tumor. This portion partially surrounding the subclavian artery above. The patient did well, however, and in about a week went home, but without my permission. The wound seemed to have healed by first intention throughout. He was about 24 or 25 years of age.

Appendix Cæci.—Dr. Prewitt presented an appendix removed at the time of operating for an intussusception in an infant seven months of age. On last Saturday night (June 20th), this child was taken with severe pain, evidently; crying frightfully, and, during Sunday it vomited and passed bloody stools; the physician who first saw the case then thought it was dysentery; the next day, however, on making closer investigation, he found that the child was having no stools at all, but simply a little bloody mucus, and nothing else. Upon making an examination of the abdomen, he found a tumor in the abdomen and immediately made a diagnosis of intussusception. The speaker was called to see the case with a view to operating, and did operate, as the diagnosis was obvious. Upon opening the abdomen a sausage shaped tumor eight or ten inches in length was visible, measuring fully ten inches, it being the intussuscepted portion. Much difficulty was experienced in extricating the gut. Efforts were made as vigorous as were justifiable to push out the contained bowel—and pulling upon the contained bowel—but all to no purpose as it seemed. Stronger efforts were then resorted to by still stronger pushing and gradually squeezing it out with a great deal of firmness, this time with greater success; but just as much force was requisite to push out the last of it as the first. In the last portion, the appendix vermiformis was found of very dark color, indeed black; so much so as to impress one with the certainty that it was gangrenous, but its color was due to

its intense infiltration with blood ; the part therefore was not really gangrenous, yet to protect against dangerous contingencies in the future, it was removed—an operation very easily done. Before the child fairly recovered from the chloroform narcosis, it showed signs of convulsions, an occurrence anticipated, but convulsions did not supervene ; but the child died within an hour or two after the operation. The parents, even before the operation, were informed, that the chances were that the child would die ; a prognosis based upon the youthful age, the large portion of the bowel intussuscepted, and the degree of the manipulation requisite to relieve the condition, in fact, in consequence of the squeezing process ; the peritoneum showed little fissures, here and there, made in the attempt to push out the intussuscepted portion.

Hernial Tumor.—Dr. Prewitt said, he had two other specimens, one of which he presented some evenings since, from a case of hernia, with a very curious condition which in the absence of other cause he attributed to the use of electrolysis, in the attempt to produce a radical cure. Some of the gentlemen seemed a little sceptical ; one gentleman suggested that it was a testicle ; in relation to which he was informed if it was a testicle, the patient certainly had three testicles, since he had two good ones remaining. One gentleman suggested it was not a hernial sac at all ; but that it was an adenoid something. In that case, the speaker having reduced the bowel two or three times, thought there could be no question about the diagnosis of hernial protrusion.

Strangulated Hernia.—Dr. Prewitt, continued, exhibiting another specimen ; this was removed from an old gentleman a week ago ; the bowel being in good condition, the sac was removed, as Dr. Lutz did in his case ; dissected out the sac, tied it up short, high up and left it open to granulate, in order that the sac might be obliterated by granulations ; and also the neck of the sac. This specimen is so altered in appearance that no one would recognize it as a hernial sac ; it had simply a thin peritoneal wall such as we find in hernial sacs. The patient was nearly seventy years of age and had hernia for many years ; he had worn a truss, which sometimes allowed it to protrude ; this had recurred while he was at work, and could not be reduced.

Dr. Broome, interrogated Dr. Prewitt as to whether after extirpation of an epithelioma and then a sarcoma, he would expect the sarcoma to return as promptly as the epithelioma.

Dr. Prewitt, responded, the sarcoma frequently returns before the wound entirely heals ; in consequence of a minute portion of the growth being left, *i. e.*, not removed during the operation. Proliferation of cells in no case proceeds with greater rapidity than in sarcoma, if any portion of the infected structure be left.

Dr. Broome, rejoined, he had always regarded a tumor as

being malignant in proportion to the physiological types of the tissues from which it is developed. If it is developed from the epiblast, it might be an epithelioma and very malignant; if it is developed from the hypoblast, it was likewise malignant; but if from the mesoblast, it is the least malignant of all. The speaker is either wrong or Dr. Prewitt is. We approach an epithelioma with many misgivings, after it has ulcerated and become infective. The speaker further volunteered the statement that ulceration of a sarcoma never extends outside the tumor structure; whereas the epithelioma invades everything with which it comes in contact, the ordinary fibrosarcoma—the form under discussion, appears to serve as the connecting link between benign and malignant growths; it is the least malignant of all malignant growths, from the nature of the physiological type of tissue from which it is developed.

Dr. Prewitt, in reply, said, epithelioma is malignant—of course it is malignant; and sooner or later it will infect the tissues in its immediate neighborhood, and also the neighboring glands. It manifests its malignancy mainly by the infection of the glands; it also infects the tissues immediately contiguous; but if an epithelioma is removed at an early period, before the process of infection has taken place, before the glands are involved, and the incisions are made wide of the diseased portion, there is always a probability that there will be no return of the growth; and in many cases we see this probability verified. Every surgeon has removed an epithelioma of the lip, without its ever recurring; an epithelioma of the rectum may be removed and not return. But no surgeon ever removes a sarcoma that he does not expect it to return. The speaker ventured to say no surgeon of experience nowadays removes a sarcoma, that he does not expect it to return. He may be fortunate enough not to witness its return, but he is thus disappointed in his expectations; it is better than he hoped for; there is just that difference. Sarcoma is the most malignant type of tumor growths, and this is especially true of the small-cell-sarcoma. Whenever a surgeon removes a small-cell-sarcoma, he is pretty confident that there will be a return of it, though it may develop somewhere else; that already there has been a wandering of the cells, and a lodgment of them taken place somewhere; and every single, solitary cell is, to all intents and purposes, a distinct tumor in embryo wherever it may find a lodgment, and is certain to develop into a distinct tumor eventually somewhere, if not at the original site. And that is the hopeful feature about this case; for instance, if it does not recur in the axilla, there is a hope that, if it recurs at all, it will be within some of the cavities; so that the patient will die a little more comfortably than he would have done if it had been allowed to ulcerate and fungate at the site of growth. It is true that when a sarcoma ulcerates through the skin it does it

rather late in its growth ; it punches through the skin as if the latter had been cut by a punch ; simply because it does not infiltrate the tissues in the same way that a cancer does. A sarcoma increases largely by multiplication of cells in its central portion. Such is the habitat of the small-cell-sarcoma. The giant-cell-sarcoma is less likely to do so.

Dr. Lutz asked Dr. Prewitt if involvement of the glands is the rule in epithelioma.

Dr. Prewitt replied, the glands are inevitably involved, sooner or later, in epithelioma ; the infection takes place through the lymphatics, and the neighboring lymphatic glands are the structures that are affected sooner or later. The speaker did not mean to say there is not a period when these are not involved ; because that is sometimes the case ; it should be our aim to remove the epithelioma before this infection takes place, and if we do, our patient is safe ; and even sometimes after the glands are involved, we may remove all the infiltrated glands and arrest the development ; as the speaker was fortunate enough to do, in a case of cancer which involved the whole lower lip ; a large part of the face in that case was removed, new mouth was made, and there has been no return of the disease, after the removal of sundry glands that had become infected, now five years.

Dr. Lutz said, epitheliomata occupy, according to his notion, the border line between the benign and malignant ; and as a rule, he believed a very late involvement of the glands takes place. Could recall a case, in which the anterior fossa of the base of the brain was involved (the skull of which he had in his collection, a frightful object to behold) and yet not a single gland was involved. When an epithelioma is removed before there is any glandular involvement, it is not likely that any involvement of the glands will take place ; in other words the question of the malignancy of epitheliomata is by no means well established. For example, the great malignancy of the sarcomatous tumors, about whose malignancy there can be no question clinically, whatever pathological views we may hold, and whatever view we may hold as to its propagation ; but he did not think an epithelioma is classed among the malignant growths with that degree of justification with which we relegate the sarcomata. There is no question of the malignancy of the sarcomata, but there is a question as to the malignancy of the epitheliomata.

Melange.

The Italian Medical Congress will hold its fourteenth annual session at Siena, August 16th, 17th and 18th next.

A Swiss Chemist has discovered a method of crystallizing chloroform for commercial use, thus guarding it against changes and impurities.

The Library of the Paris Medical School contains over forty thousand volumes. In its new quarters, recently finished, there is a reading-room which accommodates one hundred and fifty.

The American Association of Obstetricians and Gynæcologists will hold its fourth annual meeting at the New York Academy of Medicine September 17, 18 and 19, Dr. Adam H. Wright, of Toronto, presiding.

The American Neurological Association meets at Washington, September 22, 23 and 24. An interesting programme is assured. The Congress of American Physicians and Surgeons will hold their triennial session there at the same time.

Increasing the Population of France.—A bounty of one hundred francs is offered to every married couple in France who shall add one more citizen to the State during 1892. It is hoped in this way to check the decrease in the French population.

The American Orthopedic Association will hold its fifth annual meeting in the Arlington Hotel, Washington, D. C., September 22, 23, 24 and 25, 1891. It will adjourn each day in time for the meeting of the Congress. The programme contains a list of sixty seven papers, which promise to be interesting as well as valuable if we are to judge from their titles and authors. Dr. A. B. Judson is president, and Dr. John Ridlon secretary for this year.

Proprietary Remedies in Bulgaria.—There exists a law in Bulgaria to the effect that any one who sells a proprietary remedy is liable for damages, if the preparation is advertised to cure a disease and it does not do so. The seller may even be imprisoned for a larger or shorter period of time, for having advertised statements not in accord with truth and prejudicial to public health. If such a law were to be passed and applied in this country the patent medicine men would have to shut up shop in a short time.

The von Reinecker Prize.—A prize of the value of \$2,500, and a gold medal, has recently been established by Professor von Reinecker, of the University of Würzburg, to be awarded every three years to the author of the most important discovery in medicine during that period. The first prize has just been awarded to Koch. So says one of our esteemed cotemporaries; but, in view of the fact that Koch's greatest discovery proved to be a failure, we fail to see the appropriateness of the award.

The American Dermatological Association will hold its Fifteenth Annual Meeting at the Shoreham Hotel, Washington, D. C., September 22, 23, 24 and 25. There will be twenty-six papers read and it promises to be one of the most interesting of the meetings ever held. The discussion on tuberculosis of the skin promises to be of more than ordinary interest. Want

of space will not permit us to give the programme in extenso. The attendance at the meeting will no doubt be large as the sessions will occur upon the same days as those of the American Congress of Physicians and Surgeons. In fact, the Dermatological Association will meet in the morning only so as to enable its members to attend the afternoon sessions of the Congress, of which it forms an integral part. The President of the Association for 1891 is Dr. T. B. Greenough, the Secretary and Treasurer being Dr. George Thomas Jackson.

Abolition of Effeminate Words.—With the advent of women in positions formerly occupied only by men, says the *Boston Med. and Surg. Jour.*, the fair sex apparently consider it more manly to adopt masculine titles and masculine word-terminations. We have become quite accustomed to such words as chairman and doctor; but it seems as if it were carried too far, when we hear that Dr. Grace Danford, of Dallas, said, in an address to the Texas Medical Society, that she had had a predilection for the medical profession since her *boyhood*.

Vulgarisms in Scientific Reports.—We read the following in the *Pittsburgh Med. Review*: The report of the last meeting of the Allegheny County Medical Society, which appears in this issue, was on the interesting subject of vomiting in pregnancy, and is not second in value to the transactions of any recent meeting. A noteworthy fact, however, is the scarcity of *women* among the cases reported, as compared with the number of *ladies* mentioned. Even the two cases reported by the president were *ladies* who exchanged notes (and bottles) over the backyard fence. It is a high time to protest when in a scientific meeting the noble and descriptive old Saxon word is discarded for the meaningless term current among the gentility of the servant's hall.

The Maltese Cross is an emblem which is quite a favorite with the majority of those either interested in the beautiful or the historical. It was under the banner of the Maltese cross that the Crusaders of the Middle Ages vanquished the followers of the Crescent, and this form of cross was adopted by the Hospitalers of the Order of the Knights of St. John of Jerusalem who were among the first founders of institutions established to ameliorate the ills of mankind. After their occupation of the Island of Malta, which they held for centuries against the assaults of the Infidel, this symbol came to be known as the "Maltese Cross." It is emblematic of the success of merit and it is for this reason that the Maltine Manufacturing Co. has adopted it in its advertisement. Besides this the play upon words is apparent to any one. The idea is an excellent one and is a further exemplification of the degree of excellence to which the art of advertising has arrived, this being only surpassed by the product advertised, in this instance.

Midwives in Turkey.—The following is the text of a recent irad promulgated in Turkey, regulating the practice of midwifery. 1°. Midwives who are called to attend upon lying-in-women are held to give the greatest attention to cleanliness; they must wear clean garments, and carefully trim and brush their finger nails and wash their hands. Under no pretext whatever must they keep the soiled linen of lying-in women, or other soiled objects. 2°. After having trimmed and brushed their nails, and washed their hands, they must employ a disinfectant whose formula has been given to all the pharmacies. 3°. As soon as a midwife perceives symptoms of disease in a lying-in woman, and medical diagnosis shows it to be puerperal fever, the midwife must not attend any other parturient woman, without having first taken baths and changed her underwear and clothing. 4°. Any infraction of these rules will subject the midwife to severe punishment.

And yet some say that the Ottoman Empire is composed of barbarians. Our own Boards of Health could read with profit the sanitary regulations of the sons of Othman.

Social Medical Matters.

The War between the *Weekly Medical Review* and the *Medical Mirror* promises to be an interesting one. We are interested in these journalistic amenities and propose to watch, "if it takes all summer." Go it Broome, go it Love!

The Missouri Medical College has undergone a few changes in the *personel* of its faculty. Dr. L. Bremer has resigned and Dr. H. M. Whelpley has been elected professor of physiology and histology. In addition he has been made secretary of the faculty.

A Row is said to be going on among some members of the faculty of the Missouri Medical College. The trouble seems to exist only in the fertile brains of a few reporters as the gentlemen reported to be the principals all declare that peace, harmony and good-will prevail.

A New Medical Journal is announced to appear in St. Louis. The editor and publisher will be Dr. Bransford Lewis, formerly editor of the *Weekly Medical Review*. What the name of the bantling will be has not as yet transpired. Some one has suggested the Medical Crescent, but we will not vouch for this.

The St. Louis College of Physicians and Surgeons has added to its faculty by the election of Dr. Keating Bauduy as professor of mental and nervous diseases and Dr. H. Posert as professor of physiology. Dr. Chas. Frank is instructor in bacteriology and Dr. W. A. Thornton, lecturer on comparative anatomy and embryology.

Miscellaneous Notes.

"What becomes of the old moons, pa?" "The old moons, my son? Why, they die of newmonia, to be sure."

An embankment caved in on some railroad laborers near Oil City, and the verdict of the jury was: "Died of gravel."—*Oil City Derrick*.

Chronic Bronchitis.—

R Tinct. Nucis Vom	1 drachm.
Tinct. Sanguinariae	1 drachm.
Kennedy's Ext. Pinus Can. (dark)	4 drachms.
Syrup Simp	4 ounces.

Of this a drachm should be taken every four hours.

"I know I've got a vein of poetry in me, sir," confidently asserted the young man to the editor, "and all I want is a chance to bring it out. What would you suggest, sir?"

"I think you had better see a doctor and have it lanced."

Severe Headache with Tendency to Congestion of the Brain.—In cases of severe headache with tendency to congestion of the brain, consequent upon La Grippe, I used Peacock's Bromides very successfully, and shall continue its use, it being far more satisfactory in my hands than any other preparation in similar cases.

Port Crescent, Washington.

W. D. STROTHER, M. D.

That was not his Profession.—Mr. Van Stine: "Your friend who has just left us seems quite a pessimist, Miss Jones."

Miss Jones: "Oh, no! Mr. Wabash is an oculist, and they do say one of the finest in the city."—*Harper's Bazar*.

Wm. Thos. Coggin, A. M., M. D., Ph. D., F. S. S. L. A., London, Eng., of Keener, Ala., says: I have used Cactina Pillets (Sultan), in both organic and sympathetic heart troubles, with best results, for nicety of preparation and certainty of action they are commendable.

Antikamnia to Relieve Cordee.—One of our contributors lately told us of a case in which five grains of Antikamnia, taken at bedtime, aborted the usual cordee. On a subsequent night it returned slightly, but upon the patient's taking another five-grain powder it promptly left him.

Mrs. C.—"Doctor, you were at the last illness of my eldest boy?"

Doctor—"Yes."

Mrs. C.—"You also attended professionally my first husband, who died?"

Doctor—"Yes."

Mrs. C.—"Well, my second husband is sick, and I would like you to see him through, too."

Iodoformin a substitute for Iodoform.—The antiseptic properties of *Iodoformin* excels those of Iodoform and the disagreeable odor is also dispensed with. It is a combination of Iodoform and Nitroiodphenol, which, being applied to wounds is perfectly harmless, prevents suppuration and retains the same in a better aseptic state than Iodoform. Every physician who dislikes the odor of Iodoform will be greatly pleased to find in our Iodoformin a preparation with all the good qualities of Iodoform, but with none of its unpleasant properties. Eminent surgeons recommend and exclusively use it. It is not more expensive than Iodoform. Please give it a trial. Very respectfully, DRs. VETER & DOSE.

New Athens, Illinois.

MEYER BROTHERS DRUG Co., Agents at St. Louis, Mo.

Tupper—"I hear that the doctor has forbidden you to drink any whisky."

Gulper—"No; but he says I must only take a drink after I have been in bathing."

Tupper—"Oh, that's not so bad."

Gulper—"No—no, not so very bad; but when a fellow comes to taking twenty or thirty baths every day it gets tiresome."

LONDON, June 6th, 1891.

The unique value of *Chloralamid* has already been established by the researches of a great number of authors, but every fresh contribution to its literature is welcome as tending to broaden and fix the base upon which its employment as a hypnotic is founded. Quite recently an exhaustive investigation of the physiological and clinical properties of the compound has been made by Dr. John Gordon, of the Aberdeen University. The clinical observations are very interesting. The author says: "In a large number of cases of insomnia where chloralamid was employed as a hypnotic the result was distinctly satisfactory—sleep was induced within a short time after exhibition, was pleasant and lasted from five to eight hours, and with few exceptions the patient awoke much refreshed and without headache, mental confusion, depression or drowsiness.... In addition to the direct hypnotic action of the drug, it was frequently observed that the patient being once put in the way of sleep, there followed a series of sleepful nights..... In none of the cases in which the drug was tried was there observed any disturbance of the gastro-intestinal functions. In no case was vomiting observed. This non-disturbance is of much importance in the selection of a hypnotic.

"Chloralamid contrasts favorably with sulphonal as to deferred action. It was frequently noticed that following a dose of sulphonal the hypnotic action did not take place for a number of hours, so that sleep was projected into the following day, whereas with chloralamid, sleep, if it supervened at all, came quickly, and passed off within six or eight hours."—*New Remedies*.

Johnny—"Will it hurt much, doctor?"

Dentist—"You don't want me to tell you a story, do you, Johnny? The good book says we musn't do that."

Johnny—"Well, the good book says that you must do to others as you'd have them do to you, and if I was a big man a going to pull a tooth for a little boy that wanted me to say it wouldn't hurt much, I think I'd say it, doctor. That's what I think."

Dioivburnia in Painful Menstrual Disorders.—Dr. John P. Bryson, Professor of the Diseases of the Genito-Urinary Organs, St. Louis Medical College, writes under date of June 21, 1888, as follows: For a long while I have been in the habit of prescribing fluid extract of viburnum prunifolium, in those painful, functional disorders of the uterus and appendages occurring in cases that come under my care for renal and vesical diseases. My results have been satisfactory. Of late, I have given the remedy in the form of Dioivburnia, as prepared by a well-known St. Louis pharmacist, and the results are equally good, perhaps better, and the method of administration vastly superior.

A Heroic Dose.—Doctor—"Good morning, Mr. Lover! What can I do for you?"

Mr. Lover—"I—I called, sir, to—to ask for the hand of—of your daughter."

"Humph! Appetite good?"

"Not very."

"How is your pulse?"

"Very rapid when—when I am with her. Very feeble when away."

"Troubled with palpitation?"

"Awfully, when I think of her."

"Take my daughter. You'll soon be cured. One guinea, please."—*London Tid-Bits.*

To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In Celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, Celerina is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. Celerina, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. Celerina is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

Mrs. Veneering.—"Really, my dear doctor, you must come to my ball. It is Lucy's coming-out affair, you know, and I shall take no refusal; none at all."

Doctor Bygfee.—"Well, you see, my dear madam, I am a very busy man. My time is not my own."

Mrs. Veneering.—"Say no more. Include the visit in your bill. There I shall expect you. Good-bye."—*Pittsburgh Bulletin*.

Some months ago my attention was drawn to two new remedies placed upon the market under the names of Campho-Phenique and Chloro-Phenique. Having procured samples, I have given both a thorough and extended test in my public and private practice, and it now affords me very great pleasure to add my testimony to that of so many others, to their value in practical therapeutics.

As parasitocides and antiseptics they are, in my experience, without rivals. Of Campho-Phenique, I can say that it would be difficult to enumerate all the diseases and conditions in which I have found it to be "just the thing." Undiluted, as a dressing for wounds, burns, scalds, etc., I have found it more truly and reliably antiseptic and anæsthetic than any other agent with which I am acquainted.

In dermatology, in the majority of cases, it is superior to iodoform or aristol.

It is the ideal antiseptic in the treatment of diseases of the throat and nose. Especially is it useful in catarrhal conditions of the fauces, used either as a spray or by inhalation. In gynecological practice it is also most valuable.

As a non-toxic, non-irritant and reliable germicide, for washing out the cavities, Chloro-Phenique has no equal. I have used it in several cases of chronic cystitis, washing out the bladder thrice weekly with a twenty-five per cent. aqueous solution, and in each case a cure was speedily effected, although they had previously been treated without much benefit with boro-salicylic lotions, permanganate of potash, nitrate of silver solution, etc.

In dressing wounds, burns, etc., I have used Chloro-Phenique, gauze (made by saturating cheese-cloth with Chloro-Phenique), and I have found the dressings more surely antiseptic than any gauzes on the market, besides being entirely non-irritating. In the treatment of two cases of typhoid fever, with excessive tympanitis, I injected Chloro-Phenique well up into the colon (using a stomach-pump for the purpose), the result being a rapid reduction of the tympanitic condition.

Finally, I have used Chloro-Phenique successfully as an anti-ferment in dyspepsia, and as an injection in gonorrhœa—healing *tuto, cite et jucunde*.—DR. B. D. HARRISON, in *Medical Age*, June 25, 1891.

"Doctor, what do you do when you have a bad cold?" "I cough, madam; I cough."

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Original Contributions.

THE MICROSCOPE IN THE INVESTIGATION OF BURNS AND SCORCHES ON TEXTILE FABRICS.* By FRANK L. JAMES, Ph. M. D., St. Louis.

Mr. Chairman, Ladies and Gentleman.—The subject which I have chosen for my address is one that has partly a popular and partly a scientific interest, as it meets in a mixed audience like that which usually assembles to listen to the annual addresses of our presidents. The experiences therein related belong to the domain of legal *expertise*, and are in a line not hitherto exploited, so far as I am aware. In my investigations I was necessarily compelled to stray into paths in which the microscope did not directly play an important part, but in which it directly and finally proved to be the agent of saving a human life, and establishing the innocence of one unjustly accused of one of the most heinous crimes known to man—the cold-blooded and cruel murder of a young wife about to become a mother. The steps by which this result was obtained justify the title of my discourse. To make these plain, a narration of events will be necessary.

It was in the early spring of 1890 when Charles F. Vail, a young business man of St. Louis, and his wife, a young and beautiful woman, to whom he had been married less than a year, left the house of a relative, with whom they had been spending a few days, to take the railroad for home. The

*Presidential address delivered before the American Society of Microscopists, at Washington, D. C., August 11, 1891.

country house was some distance from the station, and a spring wagon had been brought to the gate to convey them and some members of the family thither. The wagon was turned so that the "hound" projected sufficiently to make a stepping point, and Mrs. Vail started to climb to the seat. Her husband, standing behind her, assisted her to rise, but just as she was about to step from the hound up to the seat she lost her balance, turned, and fell backward, throwing her husband, who was of slight build (while she was large and solidly built), against the hind wheel. A muffled report was heard, and Mrs. Vail fell into the arms of her husband, shot through the body. She was carried into the house of her relative, where in the course of a few hours she died. On examination it was found that a Smith & Wesson pistol, thirty-two caliber, old style, had exploded in Vail's overcoat pocket, as he claimed, by striking against the rim of the wheel.

The matter was regarded as an accident at the time, by all the eye-witnesses, and Mrs. Vail died protesting that it was such. In a few days, however, ugly rumors were set afloat. It was discovered that Vail carried accident and other insurance upon his wife to the amount of upwards of \$20,000. It was also discovered that there had been a romance connected with the marriage of the couple, and that they had been married for several months before Vail would consent that the fact should be published. These and other rumors caused the insurance companies to refuse to pay the policies.

Without going any further into the minutiae of the case, there was an autopsy held upon the deceased, the coroner's verdict implicated Vail, and he was thrown into jail. At the preliminary examination he was remanded without bail, and subsequently indicted for murder.

As usual in such cases the daily newspapers made the most of the sensation. Both Vail and his wife were well known in the city, and were well, even highly connected. Upon the face of the evidence adduced at the preliminary examination, as manipulated by the reporters, Vail was presented to the public as a fiend incarnate. He was tried, condemned, and executed by the newspapers, all of which in the city vied with each other in concocting or unearthing some piece of circumstantial evidence that went to prove that Vail had carefully planned the murder months beforehand. The

insurance companies employed the best legal talent in the city to aid the public prosecutor, and as usual in cases where large sums are at stake, detectives as well as men ready to purjure themselves for a fee were not wanting. So numerous and apparently well-authenticated were the published reports of former attempts of Vail to murder his young wife that there was scarcely a man, woman, or child in the community that did not look on the prisoner as the most diabolical of villains. Even I was so firmly convinced of his guilt that I told his attorney when he called upon me for my services as expert that I believed his client a monster for whom hanging was too good. Even the eye-witnesses who at first declared the shooting accidental had turned against the unfortunate and now denounced him as a murderer.

Only his mother and sister, father and brother, and his faithful friend and attorney, Mr. Marshall McDonald, believed in his innocence. Every other human hand was against him. Every other human being clamored for his blood.

Vail repeatedly told in interviews and otherwise his version of how the tragedy occurred. His pistol, said he, was lying on the bureau in the room which he and his wife had occupied. His overcoat pocket had been ripped in some manner, and his wife had just finished mending it when the wagon for the station was announced. He hastily put the garment on, and picking up the pistol dropped it loosely in the right hand outside pocket, hammer down and handle upward, intending to change it after they were under way. Unfortunately for him and his wife, however, he did not have the opportunity of doing so. "It struck against the wheel," said he, "and went off; how, I hardly knew myself. It was very muddy at the time and the wheels were full of the peculiar clayey soil of the place. If I could get my overcoat, it would surely show what I say to be true."

Unfortunately for the prisoner the overcoat had been taken from his possession at the preliminary examination, and was held by the prosecution, who resolutely refused to allow the defense even to see it much less to have it in their possession.

As the time for the trial drew near, the attorneys for the defense saw clearly how vital for their cause became the possession of that coat. No one but the prosecuting attorney knew where it was, and he would not tell. Finally, Mr. McDonald

the leading counsel for the defense, learned that it was locked up in a certain place in the property room of the Criminal Court, and after he had exhausted all legal forms of getting hold of it, he determined on a desperate course to-wit, to break into that property room and take the coat. It might be burglary, and he might be disbarred and sent to the penitentiary for it, but his client's life hung in the balance; and believing that the end justified the means, he successfully carried out his plan.

The disappearance of the garment from its accustomed place was soon discovered, and the newspapers again pretended to see in it the sinister hand of the assassin making way with proofs of his guilt.

Within a few hours after its capture it was delivered to me for a minute and critical study. It had evidently been worn and handled a good deal since it passed out of its owner's hand. It had even been carefully brushed (as was afterward proven at the trial, a party having testified to having worn it while on a ride of several miles across country, and having cleaned the mud off before starting and after coming back).

The problems presented to me were :

1. To discover, if possible, the remains of the clay that was rubbed off the wheel by the coat.
2. The relative position of the pistol in the pocket; that is, whether it was resting hammer upward or hammer downward.
3. The relative position of the pocket toward the balance of the garment, or, in other words, whether the pocket was hanging naturally, or whether it was thrust upward by the hand and brought near the point of exit of the ball when the shot was fired.
4. As a corollary to the foregoing, whether the muzzle of the pistol was jammed into the corner of the pocket, as would be contended by the prosecution, or whether it was a little way from the corner.
5. Whether the muzzle of the pistol was in close proximity to the lining and body of the garment at the moment of explosion or some distance from it.

The first question was easily settled with a loupe, amplifying about two or three diameters. Under the nap of the

garment, away from the effects of brushing, remains of the band of clay were found. But how to settle the balance was another matter.

The coat itself was of chinchilla, cotton warp, and heavy wool weft, the lining was of silk and cotton stuff, faced with satin. The pocket was of heavy twilled wool and cotton goods. There was some cotton batting, and finally some heavy linen stiffening, "buckram," I believe the tailors call it, and the ball, in its flight, and a portion of the flame had passed along all of these, which embrace, as stated, cotton, linen, silk, and woolen fibers, or nearly all of those used in textile fabrics. Both the ball and the flame must have left a record of their path. That of the former was comparatively easy to trace. It had torn a triangular hole in the corner of the pocket and had emerged from the chinchilla just where the satin facing was sewed to it, making a clean round hole not much larger than a small lead pencil, or say a quarter of an inch in diameter.

You will understand that in such examinations the expert is not allowed to mutilate the garment in any manner, except by order of the court or by the consent of all parties in interest. Under the circumstances, we could get neither of these, and hence the examination was rendered far more difficult than it would otherwise have been.

On turning the pocket inside outward I found on either side of the same a faint stain, which, so far as inspection with the naked eye went, might have been caused by iron-rust, by liquids, or by a scorch. Constant handling and rubbing of the walls together had worn off all charred material. With the tube of the microscope removed from the stand, and armed with a two-inch eye-piece and a two-inch objective, examining the surface by direct light, I could discover little or no evidences of powder burn as usually seen. With the aid of the glass, however, I was able to trace out the exact limits of the stain and its shape, which was that of a figure 8, or rather of two circles, each about seven-eighths of an inch in diameter, overlapping each other at one point about one-quarter of an inch from their peripheries. The centers of these circles seemed somewhat more deeply eroded than the balance, but even there there were no tell-tale ends of burned fibres.

If these are burns or scorches, I asked myself, how came

they in this position in the pocket, and how were they caused? An examination of the pistol, or rather of an exact duplicate of it, at once gave the clue. If you will examine any of the repeating fire-arms of the Colt, Remington, or Smith & Wesson patterns, you will note that between the muzzle of the revolving cylinder and the barrel there is a small space, say the fiftieth of an inch, left intentionally by the makers to allow for expansion of the parts under heat, and to insure free revolution of the cylinder. In firing the weapon, no matter how narrow the space, some of the inflamed gases must here make their escape, and will leave their record on any substance in close proximity to the weapon. This fact once established, we are enabled to locate with great exactness the position of the weapon. A line drawn through the longer axis of the figure 8 above noted will give the position of the weapon when it was discharged.

What sort of a record must this flame leave? A little reflection will show that this will depend largely upon the breadth of the space through which the jet of inflamed gas makes its escape, upon the "quickness" of the powder, upon the nature of the substance burned, and upon the pattern of weapon used; but, in all events, it will be a very superficial one—a mere scorch. There will be no actual burn such as we find on surfaces "powder-burned" from the close proximity of the muzzle of a discharging weapon, simply because no unconsumed or partially consumed and red-hot powder can escape through the aperture.

What should be the shape and size of this scorch? This I determined partly by geometrical methods and partly by experiment. Assuming from known facts in physics that the escaping gas would not shoot outward as a narrow belt of flame of the thickness of the aperture, but that immediately on issuing from this aperture it would spread and assume a pyramidal form, the base of which constantly widens up to a certain point (which depends, of course, upon the intensity of the jet), but that its greatest energy would remain in a line—in this case a circular plane, passing at right angles through the axis of the weapon. If there were nothing in the way, nothing to break the force of the jet, it is plain that if a surface, a sheet of paper for instance, be placed parallel to the axis of the weapon, and touching the cylinder, we should

have, upon discharging the weapon, a mark on the paper somewhat similar to an hour-glass, most intense at the point nearest the source of the flame, and gradually weakening and fading the further off therefrom. In actual practice, however, there are three sources of modification of the shape of the scorch. The first in the broad cap and bottom pieces which unite the barrel and the stock, and between which the cylinder revolves; the pivot on which the latter revolves; and, finally, the shape of the cylinder itself. For practical purposes the latter can be ignored, but the two first-named put an exact limit to the area of scorch, obstructing as they do and cutting off the path of the flame, and giving us two oval scorches touching or overlapping each other and forming a more or less accurate figure of 8. Experiments made with 100 pockets similar to the one in the coat, confirmed these speculations with the utmost nicety.

Taking a pocket that had been made by the tailor who made the coat, and of exactly the same stuff that was used in the original pocket, after scorching it by discharging the pistol, placed hammer downward (by striking the hammer with a tack-hammer through the cloth), I carefully unraveled some of the threads from the scorched portion, after first taking the precaution to rub the surfaces together long and vigorously, and beating to remove all traces of char. I examined the fibres in glycerin, first with a half-inch objective and a two-inch eye-piece, and afterward with a one-fifth-inch objective, to determine what structural changes had been wrought in the wool fibres of which the filament was composed. The first, the half inch, instantly showed that on the side exposed to heat the wool fiber had become opaque, and in places considerably thickened, warped, and twisted. The area and depth of the opacity were in direct ratio to the amount of heat applied. The one-fifth-inch objective showed the same general features, and in addition demonstrated that the opacity was due to a sort of stratification or splitting up of the cortical portion, and a granulation of the medullary structure of the wool. The color of white (bleached) fibres was changed by the scorch to a reddish brown by transmitted light, which was quite brown by direct light. At points where the char was deep the color was dark-brown and even black, throughout. Such fibers were greatly thickened, and broke easily. At

points where fibers were charred through, the ends were split, the outer envelope curling or being retracted backward and the central portion reduced to a granular mass.

Cotton fibers examined in the same manner showed discoloration at the point of contact with the flames, merging from coal black through various gradations of brown. They were twisted and broken, and where burned through the ends were black, square, or even slightly concave. Much charcoal, in a minutely divided condition, was found among them. This was due to preliminary rubbing to remove the completely carbonized portion. Occasionally, especially in charred cotton batting, a whole fiber would be found completely carbonized, but retaining the characteristic shape.

After I had settled these points, I carefully withdrew from the stained portion of the pocket, so as to leave no mark, a few pieces of the thread, and examined them exactly as I had done the foregoing, and found identically the same appearances.

I was now in a position to swear most positively that the discolored surface was a scorch made by the escaping inflamed gases from the space between the cylinder and the barrel of the pistol. By placing the pistol in the pocket, hammer upward, and marking the position of the space, I found that the latter was some two inches higher than the center of the burned area, and that its axis was inclined at a different angle from that of the said area. Experiment, by firing the pistol in a pocket exactly similar in size and shape, confirmed this point, and I was enabled further to swear positively that the pistol was lying hammer down in the overcoat pocket at the time of its discharge.

The next point to settle was whether the pistol was fired by hand. This was easily demonstrated to have been impossible, by experiment with the weapon in similar pockets, and I need not dwell upon the matter here.

How far, in all probability, was the muzzle of the pistol from the point of exit of the ball, was the next vital question. This was also solved experimentally, but before the experiments could be accepted the microscope had again to be resorted to. The silk lining of the coat had not been attached to the hem of the garment by the tailor, and hence it was a comparatively easy matter to turn the latter wrong side out

On the one side was the silk and cotton stuff used for coat lining, on the under side of which cotton predominated. A strip of buckram extended some six inches from the margin of the coat inward and protected the satin trimming from the action of the flame. The buckram, from its closely twisted nature, showed but a slight discoloration, which might or might not be due to flame. The lining also showed but slight traces of discoloration. Coming to the chinchilla, however, there was an area of about six inches in diameter that, while showing no char to the unaided eye, had evidently been subjected to some denuding influence.

Placing the surface as flat as possible and in a strong direct light, I first went over it with a Coddington lens, but beyond the fact that there were points where the threads were cut and broken by the impact of some substance, I arrived at no direct and positive evidence which would enable me to swear positively that the denudation of this area was due to flame. The round bullet hole in the center and the character of the other marks rendered this conclusion very probable, it is true, but absolute certainty was what I wished to obtain.

Again, before resorting to the expedient of secret mutilation of the garment, though never so slightly, I resorted to experiment. Taking a piece of chinchilla exactly similar to that used in the overcoat, probably a remnant of the same bolt, as it was procured from the tailor who made the garment, I hung it up in such a manner that it would offer the same resistance to the passage of a bullet as the stuff in the garment. I then put the pistol in a pocket exactly similar to that in the coat, and discharged it by a slight blow upon the hammer (resting, of course, upon the cartridge, which latter was one exactly similar to that in the pistol at the time of the accident). The muzzle was about six inches from the chinchilla. The discharge made the characteristic marks in the pocket, the characteristic tear in woolen and cotton twill material, bored a ragged hole about three-quarters of an inch in diameter through the chinchilla, and made a burn about four inches in diameter. Taking the chinchilla and rubbing it until pretty much all the clear had been removed, I passed it backward and forward over a stage, prepared for the purpose, over which I had mounted the tube of my stand, armed with a two-inch eye-piece and a two-inch objective. The

"stage" was simply a wedge-shaped block of wood eight inches long, three inches high, and four inches wide at the bottom. The width narrowed toward the top to one inch and was then smoothly rounded off. The bottom was grooved lengthwise with an ordinary grooving plane. This block sat on a plank board eight inches wide and sixteen inches long, to which was bradded, down the center, a tongue which fitted into the groove on the bottom of the block. The "stand" consisted of a percolator supporter, with an arm bearing a wooden clamp which held the tube-carrier sufficiently firmly for my purpose. Adjustment was made as in the old Nachet stands, by sliding the tube carrying the lenses up or down with a slight rotary motion. Finer adjustment was obtained by touching the arm with the finger.

On examining the surface of the stuff by a strong direct light, I had no difficulty in finding pits in the material, in which, in many instances, I found unburned or partially burned grains of powder. The ends of the thread plainly showed charring, and presented the same general appearances, when withdrawn and examined separately, as those already described in the cases of wool and cotton. The bit of chinchilla now gave place to the coat itself, and with considerable difficulty I went over the whole denuded surface around the bullet hole, hunting for grains of imbedded powder. Cavities where they *had* been were plenty, but the grains themselves had long since been rubbed or shaken out. Finally, however, my search was rewarded by finding two cavities close together, each of which contained a grain of powder. With a pair of delicate forceps I removed a couple of the cut threads between these two cavities and examined them separately, after teasing them out to get at the fiber. They were cotton, and very strongly charred.

I was now in a position to swear most positively that the whole of this denuded area was due to char, or scorch, or burn, from the discharge of a fire-arm. I say the *whole of the area*, and emphasize it, because thereon hangs one of the most important points of the defense.

In any series of experiments where the same weapon and the same charge are used each time, the area of the scorch is in direct ratio to the distance of the muzzle of the weapon from the surface scorched. This may be accepted as an

axiom; and, as a corollary, we may add that the depth of the scorch and penetration of the powder will be in inverse ratio to the said distance.

These facts furnish us with an accurate scale by means of which, having a similar weapon and a similar cartridge, we may determine, within a margin of an inch, the exact distance from any powder-burned surface, at which a shot was delivered.

In the present instance, experiment proved that the muzzle of the weapon was not more than eleven nor less than nine inches from the point of exit. This was corroborated in a singular manner by the character of the hole made by the ball as it left the overcoat. It was, as I have stated, a smooth round hole, about one-quarter of an inch in diameter. By actual experiment, many times repeated, we subsequently proved that eight inches from the muzzle of the pistol, under the circumstances, the shot being fired each time through a heavy twilled pocket, was the nearest distance at which the cartridge used could possibly make a smooth round hole. The hole becomes larger and more jagged, the nearer the muzzle approached the cloth, until when in actual contact (as it was claimed by the prosecution *was* the case in the shooting of Mrs. Vail) a great hole, from two to three inches in diameter, is blown bodily through the stuff, leaving the latter torn in every direction and almost always on fire.

These points being settled, I next examined the buckram, or heavy linen stiffening. The fibres of this material gave the least evidence of change under the scorching influence of the glowing gas. There were no powder marks or cavities, and the most that I could discover was a slight deposit of soot on the outer side of the thread. In buckram scorched by experimental discharge, the threads, unraveled and picked to pieces, showed no structural changes. The burned ends of fibers are always conical and opaque for a short distance back from the burned portion. From its exceedingly hard and closely twisted nature this is what we might expect.

A piece of fine linen cambric, unstarched, experimentally scorched by the side flash from the aperture between the muzzle of the cylinder and the barrel of the pistol, was far more strongly marked. There were no detectible structural changes, but the fibers were deeply burned on the exposed

side, sometimes down to more than half their diameter and, in a few instances, burned through.

A piece of the same cambric, starched and smoothly ironed, under similar circumstances, was not nearly so severely marked.

It is, however, when we come to silk that we find the greatest and most interesting structural changes produced by scorches. When held close to the source (the flame jet) the fibers twist and warp in every direction, at points apparently fusing together and making a network that can be compared to nothing more aptly than to the figure produced by cutting little lines of slits in paper, each line of slits breaking joints with its neighbor, and then opening the paper out—after the fashion of the “expanded metal” screens of the present day. At points burned by partially combusted powder or other glowing matter, the whole mass of the fibers constituting a thread end, actually fuse together, making a solid mass, from brown to black in color, and often containing small bubbles of gas. The fibres swell and become opaque, sometimes granulated.

To sum up :

Wool fiber becomes opaque on the side exposed to the flash, thickens in diameter, warps, and frequently twists itself. The depth of the opacity is in direct ratio to the amount of heat applied. The opacity is found on examination with higher powers to be due to a splitting up of the cortical and a granulation of the medullary structure. In black-dyed fibers the thickening and distortion are the same as in white fibers, but the degree of opacity can not be observed.

Cotton Fibers.—These are more easily affected by a flame jet than any others examined by me. They show a discoloration at the point of contact with flame, merging from jet black (carbon) to a faint brown, through all gradations of brown. When burned through and subjected to rubbing or manipulation, the end is left either square or slightly concave. Investigations, not mentioned in the foregoing, show that cotton that has not been manufactured, crude yarn still retaining the oil, warps and twists under heat, and displays more tendency to increase in volume than manufactured cotton, free from oil.

Linen and Flax.—There appears to be no marked structural changes in these fibers. The ends of a fiber burned in two

and cleaned by rubbing are conical in shape and opaque for a short distance back. When not cleaned the end is rounded and has a more or less enlarged head of carbon attached. Occasionally the fibers split at the end.

Silk Fiber.—The fiber twists and warps under the effect of heat. If the latter be great, it seems to melt, and several fibers will fuse together. A brown discoloration is produced by contact with flame in all cases, and this becomes black where the flame is intense. At the ends of fibers exposed (as in silk velvet) to an instantaneous jet of flame, sometimes a small round or roundish knob is formed. In all fabrics, of whatever fiber made, the looser the weaving the more deeply the material is affected by an instantaneous flame jet. The smoother and closer the surface the less the effect and the more difficult the task of detecting old scorches where the surfaces have been rubbed.

These, gentlemen and ladies, are an outline of my work, and a summary of results. Commencing with a deep conviction of the guilt of the accused, my investigations led me first to doubt the correctness of this conviction, and afterward convinced me of his innocence. They enabled me to go into the court room and to prove to the satisfaction of eleven men out of a jury of twelve that the prisoner at the bar, instead of an execrable villain, was the miserable victim of circumstances.

It was my intention to place these results graphically before you in the shape of photographs or colored drawings, but for many months past I have been forbidden the use of my eyes for any such work. Indeed, since New Year's day, up to within a fortnight, the use of the microscope itself has been interdicted. An attack of grippe, from the effects of which I have not yet fully recovered, left my eyes so seriously affected that any attempt to use them for more than two or three minutes at a time was always followed by severe and lasting pain.

With warm weather great amelioration has come, and I will soon be enabled to prepare the drawings for the next volume of proceedings.

The Alvarenga Prize for 1881, of the College of Physicians of Philadelphia, has been awarded to Dr. L. Duncan Bulkley, of New York, for his essay on Syphilis Insontium.

THE PHYSICS OF SECRETION. By DR. A. D. BARR, Calamine, Ark.

The study of secretion involves that of molecular motion ; and without a thorough understanding of the laws governing molecular motion the subject is one that is involved in the utmost obscurity. For this reason it is necessary that the physiologist have a knowledge of physics, which is as important to him as that of anatomy. The discussion of the composition of bodies and the changes therein, properly belongs to chemistry ; however, there is one view regarding the origin of elements that brings this question within the domain of physics. It is claimed that there exist some sixty-seven distinct elements, out of which all the objects in the universe are constructed. These, it is believed, can never be transformed the one into the other. However, there is another view of the element, by which we are taught that elements are composed of atoms, and that the difference in composition owes its origin merely to the difference in motion and combination, and that the elemental atoms of all bodies have the same chemical composition. This view is of especial interest to physicians, since it bears a close analogy to what we find in all living organisms. Tracing the source of development of the higher animal and vegetable structures back, we find that they are composed of and originate from cells. In their structure the resemblance of all cells is very close. Whether it be nerve-cell, muscle-cell, tendon-cell, or bone-cell, in its first inception it consists of the same parts—cell-wall, contents, nucleus, and nucleolus. From a mere cell the multiplicity of forms composing the organic world are composed. Pursuing the subject still farther we arrive at that curious body called protoplasm, from which the cell itself is produced, and out of which the bodies of all animal organisms are composed.

As cells are differentiated from protoplasm so elementary atoms may arise from one elementary atom, and as a cell once differentiated contains its own form and properties, which can not be changed by any agency now known, so elementary atoms once differentiated resist all attempts at modification by any means that are known at present.

Returning to the ultimate elements of the body, we find

that all its component parts can be resolved into fifteen of the sixty-five elements, and that all of these elements which are, carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, chlorine, fluorine, potassium, sodium, calcium, magnesium, manganese, iron and silicon are contained in the blood, and out of these elements, by the diversity of motion and combustion the different secretions of the body are composed, each differing from the other; but depending upon combination and molecular motion for its particular characteristic, rather than to any difference in the ultimate elements of which it is composed.

The molecules of bodies are under two contrary forces; one of which tends to bring them together, and the other to increase their distance from each other. The first is *molecular attraction*, and varies in the same body in distance only. The second force is due to the moving force which the molecule possesses. It is the relation between these forces, the preponderance of the one over the other that determines the molecular state of a body—whether it be solid, liquid or gaseous.

The study of secretion necessarily includes that of absorption; since absorption of certain elements must take place before the secreted fluid can be produced. Absorption is neither more nor less than molecular motion and attraction.

As the blood circulates through the capillaries the molecules of the blood are brought into close relation with the molecules of the tissues, as the cohesion of the fluids of the blood are less than that of the more solid structure of the tissues; therefore, the molecules of the liquid will be attracted by the molecules of the tissues with greater force than those of the tissues are toward those of fluids; hence, as the attraction of the molecules of the tissues predominate the molecule of the liquids are absorbed or drawn into the tissues. The absorbed fluid undergoes two changes in the substance of a gland before it is poured out as the secreted fluid.

First, it undergoes decomposition, or is separated into its original elements in which process heat disappears which is converted into force, that moves the molecules farther apart.

Second, when the molecules of the fluid are separated into their original elements a chemical combination occurs between the separated molecules and certain molecules of the glandu-

lar organ. In this combination heat is again generated, and a fluid is poured out, which we say is a secretion.

As no secretion can be resolved into any more than the original elements that enter into the structure of the body, I conclude that a secretion owes its characteristics to the diversity of combination, distance, and motion of its molecules. And as the molecules of each different gland differ in distance, combination and motion, so the different secreted fluids each possess different composition.

ASTHMA. By E. S. McKEE, M. D., Cincinnati, O.

Aronsohn¹ reports the artificial production of asthma in a clergyman by the attempt to remove a fibrous polypi of the right turbinated bone. The patient had never before suffered from asthma and only complained of hoarseness. Schmugelow² has written well and interestingly of asthma as considered especially in relation to nasal disease. He believes with Germain Sée that asthma must be considered a bulbar neurosis consisting in an excessive reflex irritability of the respiratory center. This may be disturbed in its action by a competent peripheral irritation and that nasal diseases sometimes, though not necessarily, constitute such an inciting factor in the asthmatic attack. In his own material he has noted asthma associated with nasal polypi in twenty-two per cent. of his cases and with chronic rhinitis in eight per cent.

Carpenter³ has found some of his most distressing cases due to a retroversion of the uterus and pressure on the sacral nerves; the irritation being reflected to the pneumogastric. Further attacks were prevented by reposition of the womb and adjustment of a pessary. He thinks asthma in childhood is often due to the improper management of the child at birth. A rhinitis may be developed a half hour after birth by undue exposure and the rapid evaporation from the body and radiation of heat. The child starts in life with a cold, experiences continual recurrences, thereby establishing chronic or subacute catarrhal inflammation of the upper air passages which with its sequelæ furnishes the most potent predisposition to asthma. Berkart² gives the surprising statement that asth-

1. Aronsohn, Centralblatt fuer Klin. Med. Journal Am. Med. Assn. Mar. 1, 1890. Deutsch. Med. Wochenschrift XV. 17, 1889. Schmidts Jahrbuecher, No. 3, 1890.

2. Berkart: Asthma considered specially with reference to nasal diseases, Dublin Journal Med. Soc., 1890.

3. Times and Register, Jan, 4, 1890.

matics have remarkably small hands. Busey⁴ has met with much success in the use of jackets of oiled silk wadded with cotton wool about the chest for the prevention of asthmatic attacks. Bufalini⁵ has found much benefit from the use of chino-iodine also dry fumigations as, datura, belladonna, hyosciamus, nicotia, etc.

Chivot⁶ reported to the *Société Médicale d'Amiens* favorably as to the use of pyridin in asthma. Hoffman⁷ recommends the subcutaneous injections of nitro-glycerine, .0005—.001 in the severe cases of asthma. The action of the nitro-glycerine is instantaneous when used at the climax of pain in the chest. Cronigneau⁸ makes an extensive report on the use of lobeline, which he prefers to give in pill form to adults and in syrup to children. He has not observed the emetic or nauseant action with the use of this alkaloid. Drzewiecki,⁹ collaborator, reports the successful use of strophanthus in asthma, which he gives during the attack in ten grain doses. The experiments of Proffer have proven that strophanthine lessens the excitability of the vagus. It is given three times daily at intervals for some time and the asthmatic attacks have been arrested for a long period. Dieulafoy¹⁰ advises a solution of hydrochlorate of cocaine in water one-half painted as high up as possible by means of a camel's hair brush, or if preferred, it may be sprayed into the nose and throat. Knight¹¹ reports the case of a banker who could stop an attack by playing for large stakes. He does not say that other people could be relieved in the same way. Mays¹² reports marked success from the hypodermic injection of strychnine and atropia daily. He commences with strychnine one-fiftieth grain and atropia one one-hundred and fiftieth grain, and gradually increases the strychnine one-twentieth, and atropia one one-hundredth.

4. Bronchial Asthma. Its Pathology and Treatment, Churchill, London, 1889. Glasgow Med. Journal, Feb. 1890.

5. Med. News, Apr. 19, 1890.

6. Bufalini Intern. Klin. Rundschau, Feb. 9, 1890.

7. Gaz. Médicale de Picardie, March, 1890.

8. Allg. Med. Centrall. Zeitung, 1890, No. 9. Med. Chir. Rundschau, 1890, No. 5, Mar. 1, p. 190. Les Nouveaux Remèdes, 24 April, 1890.

9. Journal de Méd. de Paris, Nov. 17, 1889.

10. Bulletin Médical Jan. 22, 1890. London Medical Recorder. Feb. 20, 1890. Journ. des Sciences Méd. de Lille, March 23, 1890. Le Praticien. Moniteur Thérap.

11. Satellite, Jan. 1890.

12. Analectic April 13, p. 155. Boston Med. & Surg. Journal, Jan. 23, April 3, 1890.

13. Boston Med. & Surg. Journal, April 3, 1890.

He gives three doses daily until an impression is made on the disease, then every other day and as the patient improves it is gradually abandoned.

Phimosis or an unnatural constriction of the sphincter muscles, will according to Edson¹⁴ cause asthma, and the relief of this condition will relieve asthma.

The relation of asthma to other diseases is discussed by West.¹⁵ He held that it stood in no relation to affections of the lungs other than to emphysema and chronic bronchitis. He stated that it usually disappeared in patients affected with phthisis and cited two cases. Dyspnoea in connection with heart disease was often seen, but the paroxysms differed entirely from the true asthmatic variety. True cardiac asthma was extremely rare and most difficult to treat; it had no connection with angina pectoris. He did not think asthma due to irritation of the gastric mucous membrane itself, but the absorption and circulation in the blood of some product of an irritating nature. Dyspnoea was common in affections of the kidney but true asthma was very rare. Asthma appears proven to have some connection with affections of the nose as polypus, chronic rhinitis, paroxysmal sneezing, etc. The association of asthma with pharyngeal disease is very rare. The pressure due to disease of the mediastinum seems to occasion asthma. Association of asthma with diseases of the skin he thought only accidental. He believed a sufficient number of cases of cerebral diseases associated with asthma had been recorded to make it more than a coincidence. It had been observed, though rarely, to alternate with insanity and hysteria. He adopted the hypothesis that there is an asthma center in the medulla, which could be acted upon from above by emotion, various psychoses, epilepsy and some cerebral lesions; in the center itself by uremia and dyspepsia; from below by disturbances of the special senses, such as the olfactory and optic nerves; by stimulation of the nerves of common sensation, as of the fifth in the face and by cutaneous irritant rashes. He regarded asthma as a reflex neurosis, producing spasm of the bronchi and diaphragm, associated with bronchial vaso-motor disturbances and an *unstable* condition of the respiratory center. It so closely resembled

14. Chicago Medical Times, Nov. 1890.

15. Lancet, Nov. 22, 1890.

epilepsy that Hughlings Jackson defines it as respiratory convulsions. Sexual asthma is the subject which Reyer¹⁶ endeavors to prove in his report of eleven cases in the male and five in the female. In almost all the male cases there was a history of spermatorrhoea together with self-abuse and impotence; the asthmatic attack following immediately on coitus or other great sexual excitement.

Asthma in children is extensively discussed by Jacobi¹ Romme²⁰ Baginski²¹ and Bert²². The carbonate of ammonia has proven very beneficial in the hands of Fauth¹⁷ in a number of reported cases. His theory is that the carbonate of ammonia liquefies the products of bronchitis, the Curschmann's spirals become liquefied removing the irritation if indeed they cause it. Mechanical instruments for the treatment of asthma and emphysema are fully discussed by Steinhoff¹⁸.

Mississippi Valley Medical Association.—A very full attendance is promised at the coming meeting. One great advantage that the Mississippi Valley Medical Association possesses over other similar bodies, is that its organic law is such that nothing can be discussed during its sessions except science. Any paper upon medical legislation or theorizing upon medical education, and the interests of colleges or cliques, will be ruled out. All ethical matters are referred, together with all extraordinary business, to appropriate committees and their decisions are final and accepted without discussion. This Association stands as an example which might well be followed by other similar bodies. At the October meeting in St. Louis there will be an unusually full programme with discussions from representatives, not only of the Mississippi Valley, but the country at large. Dr. E. S. McKee, of Cincinnati, the Secretary of the Association, and the President, Dr. Chas. H. Hughes, together with the local committee of arrangements in St. Louis are all working in harmony to the end that there be a large attendance and a good time.

16. Berliner Klinik. March, 1890. London Medical Record, April 20, 1890.

17. Journal of the Medical College of Ohio, Oct. 1890.

18. Illustrirte Monatschrift Aertze. Polytechnik, No. 1, 1890. Berliner Klinische Wochenschrift, Oct. 6, 1890.

19. Archives of Pediatrics, Nov. 1890.

20. La Tribune Médicale, Nov. 27, 1890.

21. Lehrbuch der Kinderkrankheiten, 1889.

22. Etude Clinique sur l'asthme essentiel chez les enfants, Thèse. Paris 1890.

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MASTERLY INACTIVITY.

We have been, time and again, regaled with more or less glowing accounts, touching at times upon the lurid, of cases in which the meddlesome interference of well-meaning but misguided individuals produced disastrous results. "Meddlesome midwifery," has become one of the stock expressions employed in the practice of medicine. At first blush the stamp of approval is very apt to be placed upon this; and, as a matter of fact, it has been by a number of transcendental practitioners of the art of medicine. The extremes of the question have been used as the standard of comparison and the natural result is, as one might expect, *nil*. While interference of any kind is *eo ipso* pernicious, it becomes a matter involving some delicacy of judgment to determine accurately what interference is and in what it essentially consists.

Any one gifted with but a moderate share of intelligence and judgment can readily see that what would constitute interference in one case would not be such in another. Again, interference with morbid processes should certainly be regarded as commendable, whereas the same course with normal action is certainly reprehensible. Furthermore, is it not better to produce a good result, even at the cost or sacrifice of something than to obtain no result at all?

The school which has adopted "masterly inactivity" as its shibboleth and which worships this fetich of its own mak-

ing is composed of two classes. The surgeons who will operate upon the slightest provocation but who say that medicines are inoperative ; and the physicians who have an unbounded faith in medicine, but who regard all operations as not only dangerous but useless. It is these who preserve a masterly inactivity and who are willing to sacrifice their victims to this juggernaut.

We do not mean to assert that "pernicious activity" is not common nor that it is not dangerous, but we do propose to maintain that activity is an absolute necessity and a duty in the practitioner if he expects to reach the highest aim he should set before himself—the rapid restoration of the patient to a normal condition.

If inactivity is the secret of success in the practice of medicine then its advocates should forego calling upon patients or receiving them. There is no necessity for their services. If there be then they cannot be inactive. Even the faith-healers are active, in collecting fees and working upon the credulity of their victims.

One of the most pernicious effects of the apostles of inactivity is the conviction they frequently force upon credulous patients that treatment will do them no good. Rational treatment will always do some good, even in incurable maladies. At the worst, it will render more easy the last moments of the sufferer physically, and morally it will serve as a stay to know that they are still looked upon as human beings and not as pathological specimens or curiosities.

The American is active, if anything, and we are afraid that these ultra doctrines of inactivity will never be instilled into him so successfully that he will merely look upon his patients as cases in which spontaneous recovery, or an opportunity for a post-mortem examination, occur. He will continue to do what he can to relieve them, according to the best knowledge he has. If he be ignorant, it is the patient who will suffer ; if he be intelligent the patient will derive the benefit. But such a state of affairs will always exist ; so that, on the whole, it is best to do something and that promptly.

As medicine advances the art of imparting the principles which govern its practice will also improve and the number of ignorant practitioners will of a necessity, diminish. The law of evolution will work out a solution of this problem as it

does of others and there exists no necessity to adopt a pessimistic view of the future nor apply it to the present.

EDITORIAL NOTES.

ASSURANCE is a very good thing at certain times and is admired very often. At other times it takes on so much of the ludicrous that it is refreshing to the tired and jaded nerves. We have lately seen in the *Hahnemanian Monthly* "a gem of the purest ray serene," that we can not omit mentioning. It is rich and we were going to say unique in the *naïve* assurance which is displayed. In a review of the *International Clinics* the reviewer writes the following peroration: We make note of one thing with regret. The title-page of the journal (sic) says "by lecturers in all the leading colleges." And yet not one lecturer or professor in a homœopathic college has been given a place as contributor to *International Clinics*. This defect, we trust, will be corrected in future numbers.

We are afraid that it will not—not if the publishers know themselves. In other words, in this particular instance, the homœopaths "are not in it."

MEDICAL EDUCATION is one of the exciting questions of the day and, as has been aptly observed by a great many, a mistake in terms or rather a want of agreement is all that separates the advocates of different methods. There can be no doubt, whatever, that each and every one is heartily in favor of elevating the standard of the medical practitioner, but all are not agreed as to the methods to adopt in order to accomplish this much-desired end. In view of this fact much wrangling and bitterness has resulted and the only outcome has been some bitter feeling. At a recent meeting of the Faculty of the Marion-Sims College of Medicine the Dean, Dr. Young H. Bond, introduced the following resolutions, which were unanimously adopted:

WHEREAS: The position taken by this college upon the two questions of Medical Education has been intentionally confounded, and

WHEREAS: Notwithstanding the fact that, at the last meeting of the Missouri State Medical Association, the report on Medical Education offered by Dr. McAlester, and having as its central idea a three years graded course of lectures, was,

on motion of your Dean, with the aid of the votes of all the members of this Faculty then present, adopted, it has been sought to have it appear that this college is not favorable to higher Medical Education,

THEREFORE: To the end that our position upon the question of Medical Education be clearly understood, be it

Resolved: That after the session of '91-92, the Marion-Sims College of Medicine will enact as a condition to graduation in Medicine of all its students who may not have previously matriculated, attendance upon a graded course of lectures extending over three years. And be it further

Resolved, That our position upon the question of Medical Education does not in the least abate or compromise our objection to what we regard as the attempted enactment of unjust, inefficient and class Medical Legislation, and that this Faculty favors an Examining Board as the fair and rational solution of the problem of Medical Education as well.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—This Association will hold its seventeenth annual session at the Pickwick Theatre, Washington and Jefferson avenues, St. Louis, October 14, 15 and 16. A full programme of interesting papers has been prepared and provision has been made for the fullest, freest and most complete discussion of the same. Representative men from various sections of the country have been invited to open the discussions. The local profession of St. Louis is a unit to the end that every visiting physician shall be received and welcomed in a regular warm-hearted, St. Louis style.

The same qualifications for membership in this Association are requisite as for the American Medical Association, the former being subordinate to the latter. If eligible, you and your friends, together with your wives and families, are most cordially invited to visit St. Louis and enter into the scientific work and the social pleasures as you may desire.

The Medical Society of the Missouri Valley will hold its fourth annual meeting at Council Bluffs, Iowa, September 17 and 18 next. All applications for membership should be sent to Dr. J. F. White, 606 West Broadway, Council Bluffs, Iowa, including the fee \$2.00.

Dermatology and Genito-Urinary Diseases.

Drying Liniments.—Under the title of linimenta exsiccantia Dr. F. J. Pick proposes (*Archiv fuer Dermatologie und Syphilis*) a substitute for gelatin preparations in the treatment of skin diseases. Pick's preparation is very similar to Elliot's bassorin paste (which has been noticed in a former number of the JOURNAL), so far as its action is concerned. It has this advantage, however, that it can be much more easily prepared. It is composed as follows:

R	Gum tragacanth.....	5 parts.
	Glycerin.....	2 parts.
	Aquæ destillat.....	100 parts.

M.

This is gently heated in a water-bath and when finished it should have a syrupy consistence. Drugs may be incorporated with this base and when rubbed in in a thin layer it forms a dry layer which can be easily removed by water.

Dermoid Cysts and Xanthoma.—Dr. S. Pollitzer calls attention to the fact (*Journal of Cutaneous and Genito-Urinary Diseases*), that multiple dermoid cysts may be mistaken for xanthoma tuberosum multiplex which they closely simulate. Of course, in cases in which it is possible, the excision of one of the nodules will furnish a ready means of making a diagnosis by means of microscopical examination. In cases in which such a course cannot be pursued the author suggests an easy and practical method of determining this point. If the small tumor be incised and permits of the escape of fluid contents, it is more than probable that it is a dermoid cyst. These are of quite common occurrence. It is claimed that careful examination will show that one person out of every five presents a cutaneous dermoid.

Excision of the Chancre.—Some time ago, Mauriac reported a case of excision of the chancre to the Société Française de Dermatologie et de Syphiligraphie. As is usual in such cases the operation was unsuccessful the general symptoms of syphilis showing themselves later on. At a subsequent meeting Jullien reported two cases the first of which was of no

avail, the latter of which was not followed by any general symptoms up to the date of reporting it—several months after the appearance of the chancre. The reporter observed very justly that there did not exist a single positive indication that the excised chancre was syphilitic. Not long since I excised a chancre largely and although the wound healed *per primam* an induration produced itself at the site of incision where the chancre had been and the general symptoms appeared on time. They were of a very mild character, it is true, but it remains a question as to whether the want of severity was due to the excision or not.

An Unique Case.—Dr. T. Frank treated a case, reported by Dr. W. C. Sanford in the *American Journal of the Medical Sciences*, which is quite unique in character. To be brief every year, so far as the patient can remember (1865), on July 24, the nails and skin are cast off entirely. In twelve hours the process is completed with the exception of the nails. For these it takes about four weeks. There are general symptoms present, of a more or less marked character, which may last quite some time. The cuticle can be detached in large sheets, coming off whole from the hands and feet. No name has yet been given to this although it bears many of the characteristics of the relapsing desquamative scarlatiniform erythema. It differs in that the attacks recur at very regular intervals and the severity remains the same. After shedding, the exposed skin is red and tender for some little time.

Pruritus Vulvæ.—Among the *approbria medicinæ* pruritus vulvæ may be assigned a prominent position. J. C. Webster has studied the nerve-endings in the labia minora and clitoris (*British Journal of Dermatology*), which studies have led him to certain conclusions in reference to the pathology and treatment of this distressful affection. It has been proved beyond doubt that the labia minora are skin and not mucous membrane, and Dr. Webster has found sweat-glands present. Secondly, the author reviews the known and alleged *causes* of pruritus vulvæ and the distribution and seat of the itching, and shows how unsatisfactory is our information. Thirdly, he deals with the treatment, and states that in obstinate cases for which no evident cause can be found “at present the orthodox plan of treatment is to make the patient apply locally

many lotions and ointments for months, until at last in despair she gives up and goes to some one else, who again puts her through the same weary round of washings." The only way, the author thinks, in which we can bring about a complete cure is by the *thorough removal of the affected parts*. After obtaining the full consent of the patient he removes a spindle-shaped mass of tissue extending from half an inch above the clitoris as far down as a point midway between the glands and the urethral orifice. Lastly, dealing with the pathological anatomy of the tissues removed, he shows that there may be some hypertrophy, either primary or secondary. But the special point is that the author found in his case a *slowly progressing fibrosis*, affecting chiefly the nerves and nerve-endings of the clitoris and labia minora. To this is added a more recent subacute inflammation of the connective tissue framework of the parts, and due probably to the long-continued irritation of the scratching.

The Coroner System.—After reviewing the coroner system in the United States and abroad (*Jour. Am. Med. Ass.*), Dr. Henry O. Marcy states that he would recommend to the consideration of the several States the following propositions: 1°. To abolish the office of coroner. 2°. To dispense with jury service. 3°. To separate the medical from the legal duties in all cases involving the examination into the causes of death where crime is suspected. 4°. To entrust the medical examination only to competent medical officers properly trained in their work. 5°. To make the number of these medical officers as small as consistent with the proper discharge of their duties. 6°. To consign all questions of law only to properly qualified legal magistrates. 7°. To remove the appointment of these officers entirely from the question of political consideration, and to be based only upon their possession of the requisite and proper qualifications. Upon some basis of this character should the coroner's laws be revised. Much useless expenditure of time and money will be avoided, often great sorrow and anxiety will be prevented, and that which is of vastly greater importance, the ends of justice will be far better served.

Excerpts from Russian and Polish Literature.

Antipyrin in Eye Diseases.—In the *Nowiny Lekarskie*, No. 4, 1891, p. 139, Dr. Boleslow Wicherkiewicz of Poznan, the editor, contributes a valuable paper on the local use of antipyrin (in the shape of a five, ten and twenty-five per cent. aqueous solution), in ophthalmological practice. He recommends (on the strength of about two hundred cases) the remedy, especially in the following conditions: 1°. In various forms of *acute and chronic conjunctivitis of infectious origin*. Thus, in *trachoma*, the instillation of a twenty-five per cent. solution (preceded by squeezing out the grains), two or three times a day, rapidly diminishes purulent secretions, dispels corneal infiltrations, and markedly intensifies and accelerates the effects of ordinary antiphlogistic means applied subsequently. In *conjunctivitis following influenza*, which is usually characterized by an extreme obstinacy, the same solution rapidly leads to a complete cure after all ordinary means have utterly failed to afford any relief. The instillation of a five or ten per cent. solution repeated from one to three times daily, proves also most useful in a peculiar, similarly very refractory form of (usually epidemic) *conjunctivitis*, depending upon infiltration of the papillary body of the conjunctiva and accompanied by symptoms of so-called "*asthenopia nervosa*" (supraorbital pain, impossibility of using the eye for close work for any long stretch of time, etc.). 2°. In obstinate *chronic dacryocystitis*. After a thorough irrigation of the lachrymal sac with water or a boracic acid lotion, a twenty-five per cent. solution of antipyrin should be injected into the organ once or twice daily. The results are said to be very satisfactory. 3°. In *scleritis* and *episcleritis*. The solution quickly relieves pain, decreases congestion and sometimes even leads to restoration of concomitant corneal opacities. The beneficial effects of antipyrin in cases under consideration are attributed by the distinguished Polish ophthalmologist to *a*, its power of destroying pathogenic microbes: *b*, its power of constricting blood-vessels (hence congestion disappears, the tissues regain their normal tension, etc.); *c*, by causing a fleeting initial burn-

ing pain, the drug gives rise, in a reflex way, to a temporary spasmodic contraction of the eyelids which acts as a kind of local massage, exercising a beneficial influence on inflamed conjunctival, sub-conjunctival and corneal tissues; and *d*, antipyrin is endowed with a local analgesic action. The drug should be always used in a *freshly* prepared solution. The author himself has never yet seen any untoward accessory effects from the use of antipyrin in the way indicated (or on an internal or subcutaneous administration). Still, bearing in mind the fact that international literature contains already a rather long list of antipyrin poisoning (Prof. Hobart Amory Hare had collected as many as 121 cases of the sort in his admirable essay on *Fever, its Pathology and Treatment by Antipyretics*), he recommends great caution in the employment of the powerful and invaluable remedy in question.

Antipyrin in Peripheral Neuritis.—In the *Meditzinskoië Obozrenië*, No. 11, 1891, p. 1061, Dr. Mikhaïl F. Keldysh, of Odessa, relates two interesting cases, successfully treated by antipyrin in large doses. One of the patients was a lady with a severe alcoholic multiple neuritis of several months' standing, who had been vainly treated by warm baths and propylamine. On examination there were found paresis of all the the four limbs, contraction of the fingers and toes, total absence of tendon reflexes, lowered reflex action in general, paræsthesis, weakened faradic and exaggerated galvanic muscular irritability. The patient was unable to move about or to use her upper extremities and was complaining of an incessant and agonizing peculiar "pinching" pain about her arms, legs, and more especially, digits. Antipyrin was given in one-gramme doses, four times daily during the first day; five times during the second; six times during the next five days; again five times during the eighth and four on the ninth day, after which the administration was stopped to be resumed in a fortnight. During the second course, which lasted a fortnight, the lady took in all *three* ounces (ninety grammes) of the remedy. Within eight days from the commencement of the treatment the painful sensations gradually disappeared to never recur. Towards the end of the second course she regained her walking power and a free use of her upper limbs, while the electrical reactions became normal. The other case was that of a gentleman with violent sciatica (neuritis of the sciatic nerve) of

seven years' duration. Notwithstanding an assiduous treatment, he had not obtained any benefit either from salicylates or antifebrin, phenacetin, atropia, electricity, hot mud and sand baths, antipyrin in small doses, etc., etc. A complete and apparently permanent cure ensued under the influence of an eight days' course of antipyrin in the daily dose of one hundred grains, a substantial amelioration having set in the fourth day of the treatment. In neither of the cases could any disagreeable accessory effects be noticed.

Hydrochlorate of Orexin, the "Appetizer."—Prof. Penzoldt's "genuine stomachic" (*vide* the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, April, 1890, p. 230) continues to attract considerable of the attention of the profession and to give rise to much discussion and utter discrepancies. In Russia the opinions on the new remedy are divided as sharply as anywhere else. Thus, Dr. E. T. Kotlar, house physician to Prof. V. A. Manasseïn's clinic, says in his valuable monograph (*vide* the *Provincial Medical Journal*, February, 1891, p. 100) that orexin distinctly improves the appetite both in the healthy and sick, possesses a marked local analgesic action, etc.,—in short, "offers a decidedly valuable addition to our therapeutical armamentarium." Meanwhile, another observer, Dr. N. V. Sviirelin, house physician to the late Prof. D. T. Koshlakoff's clinic (*ibid.*, August, 1891), has found that orexin "tends to produce a rather unfavorable impression on the chemistry of gastric digestion" (weakens the digestive power of the gastric juice, retards the transformation of proteids into peptones, etc.), though he still admits that the remedy can occasionally produce a short, lasting amelioration of the appetite in cases of anorexia. At present, Dr. V. Brunel, of Prof. I. I. Stolnikoff's clinic, in Warsaw (*Vratch*, No. 26, 1891, p. 613), supplements the chapter by a paper, based on thirty cases. Orexin was given usually from 0.25 to 0.3 gramme, two or three times a day, in gelatine capsules or pills, with a large amount of water. The main outcome of the experiments may be given somewhat as follows: 1°. Of four *healthy* persons, in one the remedy produced a peculiar hunger-like sensation about the stomach, which appeared in about three hours after the ingestion of a dose to persist even after food-taking. In the remaining three cases the effects were limited to vomiting and gastric pains of one hour's dura-

tion. 2°. of twelve cases of *anorexia in hysterical and neurasthenic patients*, in six the results were purely negative, but in the other six a distinct *amelioration in the appetite was observed*, which, however, disappeared in two or three days after discontinuing the remedy. On resuming the administration, even increased doses (up to 0.8 gramme) failed to improve the appetite. On the contrary, the latter was deteriorated still further, while there supervened various unpleasant accessory phenomena, such as pain in the stomach, aural noises, etc. 3°. Of ten cases of *anorexia in patients suffering from cardiac disease, incipient pulmonary tuberculosis, or chronic rheumatism*, in four a slight betterment of the appetite was noticed, while in six the drug gave rise to epigastric pain and vomiting, but did not produce any impression on the appetite. 4°. In four cases of *loss of appetite in patients with gastric affections* (acid catarrh, dilatation, cancer), the only results obtained were constituted by gastric pain (occasionally spreading towards the sacral region) and vomiting. 5°. It is obvious, therefore, that orexin possesses powerful irritant properties and hence is absolutely contraindicated in gastric disease. 6°. But even in any other cases its " 'appetizing' action proves to be so slight, fleeting and inconstant and, in addition, is so frequently accompanied by disagreeable accessory effects, that the new remedy might be quite safely thrown out of our pharmacological stock."

On the Influence of Ether on the Gastric Functions in Healthy Subjects.—In order to study the question, Dr. Nikolai N. Gürjeff, house-physician to Professor I. T. Tchudinovsky's clinic in St. Petersburg (*St. Petersburg Inaugural Dissertation*, 1891, No. 71, p. 62), has carried out an interesting series of experiments on six healthy soldiers, aged from twenty-four to twenty-six. Sulphuric ether was given in the dose of thirty drops, in gelatine capsules, during meals. The author has found that: 1°. Ethylic ether in the said doses invariably stimulated the secretory action of the gastric glands. 2°. The remedy increases the per cent. proportion of free hydrochloric acid in the gastric juice. 3°. It augments the motor and absorptive power of the stomach. 4°. On the whole, it acts on the gastro-intestinal canal as a stimulant or tonic means. 5°. The effects should be attributed not only to a local action, but, probably also to the remedy's stimulating

influence on the cerebral gastric centers. [The latter supposition is chiefly based on Dr. Zinaïda Okünkova's experiments in Prof. Verneuil's laboratory (*Vide her Paris Inaugural Dissertation*, 1877, No. 217), according to which a subcutaneous injection of one gramme of ether gives rise to the appearance of an intense appetite and stimulates the secretion from the gastro-intestinal glands. The fact that the brain exercised a powerful influence on the functions of the stomach, can be at present regarded as fully established by beautiful experiments, recently published, on one side by Professors V. M. Bekhtereff and Mislavsky, of Kansas, and on the other, by Prof. I. P. Pavloff and Dr. Ekaterīna O. Shūmova-Simanovskaia, of St. Petersburg.] VALERIUS IDELSON, M. D.

Berne, Switzerland.

The American Electro-Therapeutic Association will hold its first annual meeting at the Hall of the College of Physicians, corner Locust and Thirteenth streets, Philadelphia, Pa., Thursday, Friday and Saturday, September 24, 25 and 26, 1891, under the presidency of Dr. G. Betton Massey. Physicians interested in the discussion of electricity in medicine, are invited to attend without further notice. Dr. Wm. H. Walling is Secretary, 2005 Arch street, Philadelphia.

The Abuse of Morphia in Paris.—One of our exchanges states that the improper use of morphia subcutaneously is said to be extending very rapidly in Paris, with deplorable results, both mentally and physically, to the unhappy victims of the seductive habit. To meet the demand of the morphiomaniacs certain speculators have recently opened two establishments, to which people can go to have their craving after the poison gratified—the one for men, the other for women. They are not clandestine houses; the police are quite aware of their existence, and everything is decently and properly conducted at them. The drawing rooms in which visitors are received are luxuriously furnished, and provided with books, newspapers, etc., for those who care for them. The price charged for the first injection of morphia is five francs, succeeding ones being half that price. A journalist who visited these establishments says the majority of the visitors were young men and young and pretty women.

Medical Progress.

THERAPEUTICS.

Rosbach's Expectorant Mixture.—The following is the formula given in one of our exchanges :

℞ Apomorphinæ hydrochloratis.....gr. j
 Morphinæ hydrochloratis.....gr. ss
 Acidi hydrochlorici dil.....gtt. x
 Aquæ destillatæ.....℥ v

M.

Sig. A teaspoonful every two, three or four hours.

For Gastric Fermentation.—Cases are occasionally met with in which there is a fermentative process going on in the stomach and duodenum. Pain is experienced and, in addition, very foetid eructations. In order to overcome this the following will be found rapid and effective :

℞ Bismuthi subnitrat.....℥j
 Morphinæ sulphat.....gr. ss
 Saccharin.....gr. ij

M. et ft. chart No. 12.

Sig. One powder every three hours.

Varicose Ulcers.—Moist Eczema.—The Berlin correspondent of the *Provincial Medical Journal* states that for the treatment of varicose ulcers of the leg and moist eczema, J. Braun recommends a ten per cent. lanolin-zinc ointment according to the following formula :

℞ Zinc oxid.℥iiss
 Lanolin.....℥xi
 Ungt. emollient.....℥iv

M.

The emollient ointment consists of :

White wax.....1 part.
 Spermaceti.....2 parts.
 Almond oil.....8 "
 Rose water.....2 "

so that it resembles cold cream. The lanoline-zinc ointment is applied spread on linen, and the patient is ordered to keep in bed till the ulcer has granulated over. The application is renewed more or less frequently according to the condition of

the ulcer. Against eczema of the scalp, the author uses an ointment prepared as under :

R Hydrarg. præcip. alb.....	3j
Ung. emollient.....	3ij
Lanolini.....	3vjj

M.

The latest remedy against the stings of bees wasps, mosquitoes and the like is to rub the affected parts with a solution of sea salt. Swelling and pain disappear immediately, and indeed, do not manifest themselves if the application be made immediately after the sting or bite.

Tribromophenol (or Bromol) as an Antiseptic.—C. Rademaker recommends tribromophenol for external use, in form of lotion, ointment, and glycerite (*Am. Druggist*) :

For wounds and ulcers :

Tribromophenol.....	1 part.
Olive oil.....	30 parts.

Or, -

Tribromophenol.....	2 parts.
Vaseline.....	15 parts.

In diphtheria, as local application :

Tribromophenol.....	1 part.
Glycerin.....	25 parts.

To Stimulate Appetite.—In a lecture on Concentrated Food in the Treatment of Pulmonary Consumption (*Pittsburg Medical Review*), Dr. Thomas J. Mays says that much can be done to stimulate the appetite. For this purpose, he often gives the following :

R Acid phosphoric dil.	
Acid nitro-muriatic dil.	
Acid sulphuric aromatic.	
Tinct. ferri chloridi.....	āā 3 ss.

M.

Sig. Thirty drops in a half glass of cold, sweetened water during meals.

A coated tongue, which so frequently exists in these cases, is no contra-indication to the giving of iron. Additionally two or three grains of quinine are prescribed in the forenoon and in the afternoon. The bowels must also be kept regular. If constipated, a glass of Hunyadi water, or a Lady Webster's pill in the evening will generally suffice. Parke, Davis &

Co.'s Cascara Cordial also serves well for this purpose. Occasionally a blue mass pill will not be out of place. If there is a tendency to diarrhœa, the above mentioned acid preparation will often check it. In most instances of this kind the diarrhœa follows a meal, and is due more to a hypersensitiveness of the alimentary tract than to any other cause. To the acid mixture you may, therefore, add subnitrate of bismuth, and pepsin with advantage.

Injectons for Phthisis.—Vicario gives the following formulæ (*Progrès Thérapeut.*):

Picot's Solution.

℞	Gualacol.....	gr. lxxv.
	Iodoform.....	gr. xv.
	Ol. olivæ.....	
	Vasellini liquid. āā.....	℥ xiv.

M.

Pignol's Solution.

℞	Eucalyptol.....	gr. cccvi.
	Gualacol.....	gr. lxxv.
	Iodoformi.....	gr. xv.
	Ol. Amygdal. dul.....	q. s. ad.....℥ iiii ss.

M.

Morel-Lavalée's Solution.

℞	Eucalyptol....	gr. clxxxv
	Gualacol.....	gr. lxxv.
	Iodoformi.....	℥ j.
	Ol. olivæ.....	q. s. ad.....℥ iiii ss.

M.

From 50 to 210 minims of these solutions are injected in twenty-four hours. Care must be taken, in the preparation, that they are perfectly sterilized.

Ethylene Bromide in Epilepsy.—Dr. J. Donath recommends ethylene bromide in epilepsy (*Pharmac. Post*), given in milk. The following is the mixture he recommends:

℞	Ethylen. bromid	
	Spts. vini. āā.....	m xxxij.
	Ol. menth. pip.....	m ij.

M.

Of this, five to fifteen drops may be administered two to three times daily, or it may be administered in gelatin capsules, in doses of three drops, mixed with six drops of oil of sweet almonds, of which, two to four may be taken two or three times daily, and according to the author, it is likewise suited for subcutaneous administration in oily solutions. The dose

may be increased progressively until seventy drops is reached, the dose for adults two or three times daily, or ten to twenty drops for children. It should be remembered that a minim contains a little more than two drops of the ethylene bromide.

Salol in Infantile Diarrhœa.—According to Dr. Weber, salol manifests its antiseptic properties (*Gazette des Hôpitaux*) most markedly in infantile diarrhœa. It is this peculiar quality which renders it superior to many other remedies. Another advantage is the rapidity with which it acts, the vomiting and diarrhœa ceasing in twenty-four hours. Dr. Weber's formula is as follows :

℞ Salol gr. iij
 Tinet. opil. m j
 M. ft. tal. chart q. s.
 Sig. One powder twice daily.

Of course, the amount of laudanum and salol is to be adapted to the age of the patient, especial care being necessary in the use of the former.

Administration of Arsenic.—Arsenic is one of our most useful remedies in a large number of chronic diseases more especially the chronic scaly skin affections. It is not only indicated under these circumstances but also as a nerve tonic. Those who have had occasion to use arsenic to any appreciable extent have noted that, while its action is in the main a beneficial one, it not infrequently exercises an irritant action upon the stomach and may possibly exercise its toxic symptoms. In order to avoid these disagreeable symptoms iron is added, the combination being borne a much longer period of time and acting as well as the arsenic does when taken alone. The Arseniated Iron Water made by Dr. Enno Sander is one of the best combinations, being pleasant to take. In sixteen ounces of carbonated water it contains :

℞ Arsenious acid..... grs. .125.
 Iron pyrophosphate..... grs. 3.657.
 Sodium do grs. 2.608.
 Sodium chloride.... grs. 2.294.

Eight ounces should be taken daily, one-third of the quantity after each meal and for this reason it has been put up in eight-ounce bottles. There being no ferruginous taste or odor, it forms a pleasant beverage during meals. The combi-

nation with the iron and soda salts make it an easily digestible preparation thus insuring against any gastric symptoms.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Analysis of Pancreatic Fluid.—Zavadcki (*Gazeta Lekarska*) has made extensive experiments in regard to the composition of the pancreatic secretion. He was fortunate enough to treat a girl suffering from a pancreatic cyst. He collected the secretion for twenty-four hours and found that it gave the following composition :

Water.....	86.405
Organic matter.....	3.251
Albuminoids.....	9.205
Extractives, soluble in alcohol.....	0.827
Salts (carbonates, chlorides, phosphates, sulphates of sodium, of potassium, of calcium and of iron).	0.344

The fluid itself was very active. The above analysis shows that the pancreatic secretion in man is very similar to that in the dog.

Goats Become Tuberculotic.—At the recent Congress for Tuberculosis, M. G. Colin called attention to the fact that he had inoculated goats with tuberculous matter and he found that they contracted tuberculosis. This is a very important communication for, heretofore, the goat was supposed to enjoy immunity from tuberculosis and goat's milk became very popular in the fancied security which it offered. In the light of the above fact, however, it will be just as necessary to be assured of the perfect soundness of goats as of cows, in the future, before the milk can be taken in absolute security. It would appear in the light of modern researches, that all vertebrates are susceptible to tuberculosis and this is no fanciful deduction in view of the fact that experimental inoculations properly carried out always succeed in engrafting the disease upon the animal subjected to the process.

Contagion in Typhoid Fever.—Dr. Everett J. Brown states (*Med. and Surg. Rep.*) that, in investigating the causes of typhoid fever, we can safely accept three propositions as thoroughly proved: 1°. That the exciting cause of typhoid fever is a specific organized pathogenic germ, called by Eberth the "bacillus typhosis," which is constantly found in the various organs and fluids of the bodies of persons suffer-

ing from the disease. 2°. That the germ is invariably derived from a previously existing case of the disease, and is never developed *de novo* in filth or decomposing organic matter as was formerly supposed. 3°. That "the poison" is always tangible, and like cholera, can never infect through the medium of the atmosphere, but must enter the stomach of man, in his food or drink. It is probable that the large majority of the cases of typhoid fever are due to the use of either polluted water, milk, or meat, although any kind of food may become infected. In milk the typhoid germ is in its element; it there finds the very best possible medium for its rapid growth and reproduction; it is in a culture fluid in which it finds all the conditions necessary for its development.

The Value of Vaccination.—In India where Brahmanical prejudice has ever stood in the way of sanitary progress, the mortality from small-pox has, until recent years, been appalling, says the *Pacific Medical Journal*. Repeated attempts to introduce vaccination met with violent opposition from high-caste Hindoos, some of whom, however, allowed their daughters to be vaccinated just for experiment, girls being, according to their ideas, of not much value. As a result of this policy the girls escaped both death and disfiguration, while the boys were carried off by the thousands, seeing which the Brahmans relented and vaccination is gradually gaining favor, having been made compulsory in Calcutta in 1880, and in Madras in 1884, other cities and districts having fallen into line. The number of deaths from small-pox in Madras during the six years immediately preceding the enactment of compulsory vaccination, from 1879 to 1884 inclusive, was 9,809, a yearly average of 1,634.8, while during the six years following, from 1885 to 1890, there were only 190 deaths, or on an average thirty-five a year. In the unprotected period the smallest number of deaths (355) occurred in 1882, and the greatest (4,064) in 1884. In 1885, the death-rate fell to twenty-six, and in 1886, there was *only one* death from small-pox. Since then there has been again a steady rise, owing, perhaps, to laxness in enforcing the law, the death in 1887 numbering thirteen, in 1888, thirty-six, in 1889, forty-five, and in 1890, sixty-nine. Surely these figures ought to convert the most rabid antivaccinist.

DISEASES OF WOMEN AND CHILDREN.

The Use of Vaginal Injections.—Dr. Doderlein, of Leipsic, states (*Med. Rec.*) that he has examined the secretions of a large number of healthy women, and although germs were found, they were never pathogenic. He never found the staphylococcus. From his observations he draws the practical conclusion that disinfection of the healthy vagina is not necessary, whether internal examinations have been made during labor or not. There, are however, persons who syringe as a routine practice, and will probably continue to do so in spite of the plainest proof that it is unsound midwifery. In the pathological secretions of one hundred and fifty-six cases he found the streptococcus pyogenes six times. In such cases it is of great importance to bring about an acid reaction in the vagina, and the chief danger to the patient is in making internal examinations.

One Phase of Puerperal Sepsis.—At the late meeting of the Indiana State Medical Society, Dr. Edwin Walker, read a paper upon a special form of chronic puerperal septic infection. The following is a short abstract: Midwives furnish most of the cases of puerperal fever. The intelligent physician who applies modern principles rarely has one. Puerperal sepsis is the result of the introduction into the genitals of a specific poison. This may enter the circulation by lacerations or extend to uterus, tubes, or peritoneum. The first thing is to determine the location of the poison and to remove when possible. The special class of cases referred to in this paper is that in which the morbid material forms a focus of inflammation involving the tubes and peritoneum.

In patients suffering from this condition the tumor felt in the pelvic region has been shown to be formed of an enlarged and inflamed tube (or sometimes both tubes are found to be in the same condition), and of adherent coils of intestine whose peritoneal investment is in an inflammatory state. It not infrequently happens that the process has gone on to suppuration, in which case pus is present and contributes to the formation of the tumor.

The speaker reported three cases of this nature in which resort was had to abdominal section. The adherent intestines were carefully separated from the diseased tubes and the latter were then removed. All of the patients recovered.

Cases of this nature were formerly erroneously regarded as instances of cellulitis and although they usually recovered it was only after a long and tedious illness lasting many months, with intervals of improvement followed by discouraging periods of recrudescence of the inflammatory symptoms. Sometimes, however, and this not infrequently, such patients never wholly recovered, but went to increase the number of chronic invalids.

A case was cited which lay for twelve weeks with fever; a tumor was present. This was five years ago and an operation was not done. Recovery was tedious. An early operation would have saved much suffering and the patient would be in better health now. The rule in all cases of puerperal sepsis where fever continues and tumor is found, is to remove it by laparotomy. With proper precautions the mortality would be less than by the expectant plan and the recovery more rapid and complete.

SURGERY.

Linear Craniotomy for Microcephalus.—Dr. J. C. McClintock, of Topeka, Kas., reports a successful operation of the above character in the *Kansas Medical Journal*. The subject, Hellena C—, was three years and eight months old, though she had the appearance of a child not over one year of age, was prematurely born at eight months. The mother says that the labor was rapid, natural and easy, and no instruments were used. For several weeks she appeared as other children, but the anterior fontanelle closed early, from which time the frontal portion of the skull did not develop and the child seemed as an idiot.

Her general nutrition was very much interfered with and no muscular power developed. The child never noticed anything until it was two years of age when she could be attracted by sounds and it was not until the last year that the child has ever smiled. She is totally blind, and shows only the faintest signs of intelligence.

Two years ago the orbital plate of the frontal bone gave way to the intra-cranial pressure, displacing the right eyeball from its orbit. The knee-joints, a few months ago, became very painful and the muscles of the lower limbs contracted. The right tibia, fibula and the left femur became curved, rach-

itis, due to the malnutrition and consequent imperfect development. The appearance of the child is well shown in Fig. 3.

The head was very narrow, the forehead low and the absence of intelligence in the face quite apparent. The protrusion of the right eyeball was undoubtedly due to the effort of the brain to escape from its narrow cranial walls. How very narrow these walls were may be readily seen by the smaller tracing as presented in figure 4, which is the exact size and shape of the frontal portion of the skull as it then appeared. What change has taken place in the development and growth



Fig. 3.—From photograph taken before the operation.

is shown in the outer line of the tracing taken four months after the operation. The line is drawn upward and across the head from a point one-half an inch posterior to the external angular process of the frontal bone to a corresponding point on the opposite side.

The child took chloroform very well and the operation was performed in an aseptic manner, on March 28, 1891.

An incision was made from the glabella to the obelion, the scalp reflected each way and two trephine openings made near the posterior superior angle of each parietal bone, one on each side of the longitudinal sinus, and from thence with Keen's one-fourth inch rongeur forceps, a cut was made to a point immediately above the eyebrows. From thence the

groove was carried directly outward and downward from the trephine openings, thus making two large flaps of bone which were raised by the tips of the fingers being passed into the groove and pulling directly outward and upward, spreading the one-fourth inch groove to a full inch on each side and leaving a bridge of bone one-half or three-fourth of an inch in width over the longitudinal sinus. The bone was very thick;

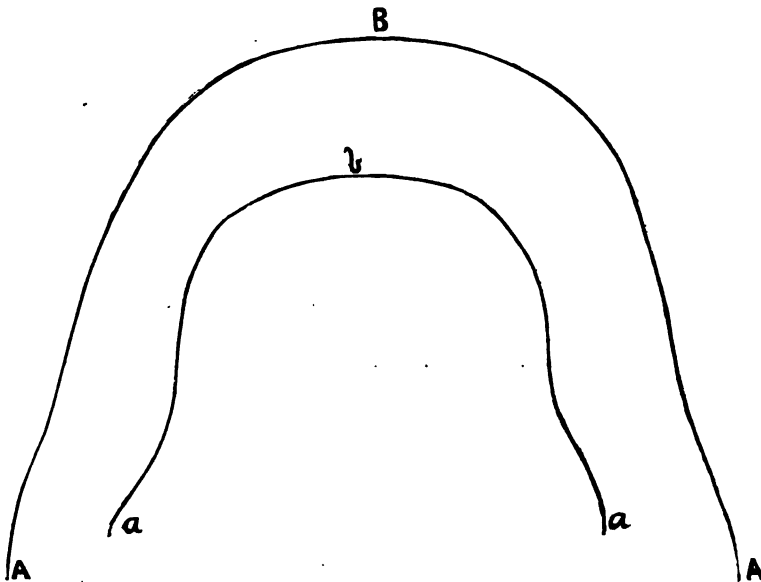


Fig. 4.—Line *a b a* is an exact tracing taken before the operation, from one-half an inch posterior to the external angular process of the frontal bone over the skull to the corresponding point on the opposite side of the head. *A B A* is the same line taken four months after the operation, and showing the amount of growth of the skull in that time.

at one place on the left side it was fully one-fourth to one-third of an inch in thickness.

No hæmorrhage was encountered during the operation but what could be easily controlled by pressure. The dura was not opened. The parts were irrigated, cat-gut drains were laid in on each side coming out at both the anterior and posterior angles of the wound and the flaps approximated with cat-gut sutures. No antiseptics were used. The result was recovery.

A marked change took place in the child's appearance as shown in Fig. 5.



Fig. 5.—From a photograph taken two months after the operation.

Dr. Keen (*Am. Jour. Med. Sci.*), is not in favor of the double operation, but the author remarks very wisely that as fatal results have been observed to follow the single operation, and none the double, the latter would seem to be the preferable, so far as present experience goes.

The Supposed Curative Effect of Operations, Per se.—Under this title Professor J. William White, of Philadelphia, contributes a paper to the *Annals of Surgery* for August, 1891, which not only from its subject, but from the great number of authorities quoted and from the peculiarly rich experience of the writer makes an article of unusual interest and importance to both surgeon and physician. The author's attention is first directed to this subject by reason of his experience with the operation of trephining for so-called traumatic epilepsy.

During the past five years, with Dr. D. Hayes Agnew, he has trephined in fifteen cases of supposed traumatic epilepsy. All but one recovered from the operation. The patient who perished was an imbecile and a confirmed drunkard as well as an epileptic. Death occurred from suppression of urine, probably secondary to etherization.

In one case a bullet was found imbedded in the brain sub-

stance, in another an irregular portion of the internal table was dissected out from beneath the dura mater to which it was attached by cicatricial adhesions. In another there was projecting spicules of bone on the internal surface of the button removed and the adjacent portions of the skull. In two marked sclerosis and thickening of the cranium were observed about the field of operation. In the remaining cases nothing abnormal was seen. Although this was the case they were without exception markedly improved by trephining; in two instances even to the point of apparent cure, no return of symptoms having been observed for eighteen months, and for two years after the operation. In the other seven the results were strikingly favorable, convulsions disappearing for weeks or months, although previously of more than daily occurrence.

The author has, in so far as this is possible, classified the cases in which operation *per se* seemed to be the main factor in bringing about a cure. These cases are divided into three groups in accordance with the anatomical seat of the symptoms or of the supposed disease. This brings them under the following heads:

1°. Operations for the relief of nervous phenomena, as epilepsy, insanity, paralysis, etc.

2°. Operations for abdominal and pelvic disorders, as peritonitis, tumors, etc.

3°. Miscellaneous operations.

This classification is further carried out by grouping together (a) Those cases in which nothing whatever was found explanatory of the symptoms; (b) Those in which some departure from the normal conditions was observed, but was so slight as to be apparently inadequate to explain the symptoms; (c) Those cases in which an apparently grave and irremediable condition as disclosed by an exploratory operation, but notably improved or altogether disappeared after mere inspection or handling, no further surgical interference having been thought justifiable.

Under the heading of "Operations for the Relief of Nervous Phenomena" Dr. White has tabulated, including his own services, one hundred and fifty-four cases. Many of these are given in detail, and coming as they do from recognized authorities are of exceeding great interest.

In fifty-six cases of trephining for epilepsy nothing abnormal was found to account for the symptoms. Ten cases were reported in six months or less after operation; eleven cases were reported from two to twelve months after operation; sixteen cases were reported from one to two years after operation; one was reported eight years after the operation.

Twenty-five of these cases were reported as cured; thirteen as improved; in three cases it was mentioned that a relapse occurred later.

In thirty cases of ligation of blood-vessels for epilepsy fourteen were reported as cured; fifteen as improved; one died seven days after operation. In the fatal case the right common carotid artery was tied. No fit occurred after the operation.

In ten cases of castration for epilepsy all were reported as cured. One case was reported four months after operation; four cases were reported more than two years after operation; in five the time when reported is not mentioned.

In nine cases of tracheotomy for epilepsy two were reported as cured; eight as improved; one as much improved, though death in this case followed in two months after the operation.

In twenty-four cases of removal of the superior cervical ganglia of the sympathetic nerve six remained well at the end of three years; ten were improved; five remained unimproved; two died soon after the operation but not from its direct effect.

In six cases of incision of the scalp for epilepsy nothing was found to account for the symptoms. Three of these cases were reported as cured at the end of three months or less; one was reported as cured at the end of one year; two were reported as cured at the end of two years; two other cases almost similar were reported as cured.

Twelve cases of epilepsy are reported as cured by such operations as stretching of the sciatic nerve, excision of the musculo-cutaneous nerve, cauterization of the larynx, circumcision, application of a seton to the back of the neck, tenotomy of the external recti muscles, burning of the scalp, puncture of the heart, etc.

Thirteen cases of spontaneous or accidental cures of epilepsy are also reported, at a time varying from two months

to five years after traumatism, which was a fall, a burn, a wound, an amputation for intercurrent injury or disease, etc.

Passing from the cerebral to the spinal region, Dr. White cites an illustrative case of his own. A man aged fifty-five, was attacked on December 25th, 1887, with severe pains in his arms and shoulders. A few days later there was absolute paralysis of the parts involved, including both sphincters, while at the same time the paralyzed parts became the seat of profound anæsthesia. Girdle pains developed, bed-sores made their appearance, percussion of the spine over the third and fourth vertebræ became painful. The reflexes were exaggerated, and light blows on the head in the direction of the spinal axis gave rise to frightful exacerbation of the girdle pains. In spite of every remedial measure these symptoms increased in severity for ten months. An exploratory operation was then undertaken. Dr. White removed the spines and laminæ of the first five dorsal vertebræ, opened the slightly thickened dura, separated some firm adhesions to the subjacent pia mater, explored the cord, and having failed to discover any serious pathological changes closed the wounds in the dura and soft parts.

The girdle pain had entirely disappeared by the following day. Sensations began to return in the feet the day after, voluntary motion in the toes after the third day, and so one symptom after another disappeared until the patient completely recovered and is now earning his living by manual labor.

In the list of abdominal and pelvic disorders apparently cured by operation *per se* a number of extraordinary cases are cited. The experience of Tait, who has more than once drawn attention to the astonishing disappearance of tumors often of large size, after a mere exploratory incision, and the corroborative testimony of von Mosetig are cited at length. Koenig's analysis of one hundred and thirty-one cases of tubercular peritonitis treated by abdominal incision is carefully discussed.

In response to letters of inquiry upon the subject Dr. White received many communications from prominent operators, the great majority of them containing notes of cases not previously published.

Among the signers of these letters are to be found the

names of Goodell, Hirst, Battey, Roswell Park, Lusk, Cheever, Chas. T. Parkes, Cabot, Hunter McGuire, Nancrede, Weir, Stimson, and many others of equal note.

Under the head of miscellaneous operations the author has given several of very diverse character.

First are quoted cases of osteomalacia, cured, after weeks or months of confinement to bed, by either oophorectomy or Cæsarean section.

Passing to another subject the question of graduated tenotomy of the eye muscles for the relief of severe nervous symptoms is carefully discussed. The author freely acknowledges the value of tenotomies both complete and graduated in the restoration of equilibrium in badly balanced ocular muscles, but he is none the less convinced that in numbers of instances of reported cures of chronic chorea, petit mal, and even delusional insanity the effect of the operation *per se* is in large measure the potent cause of the supposed cure. This belief is founded not alone on theory but upon the fact that in certain cases of reflex nervous troubles a cessation of the symptoms has followed the tenotomy although this has not produced perfect equilibrium. Again the relapses which may take place after a perfectly successful series of tenotomies would indicate that the nervous phenomena attributed to the insufficiency, for the relief of which the operations were made, were not correctly so attributed, and that the temporary relief must be ascribed to some cause other than the restoration of an imperfect balance of the external ocular muscles.

In seeking for a reasonable explanation of the phenomena observed in the above cases the author has formulated the conditions which are common to nearly all of them. These are:

- 1°. Anæsthesia.
- 2°. Psychical influence or so-called mental impression.
- 3°. Relief of tension.
- 4°. Reflex action or the "reaction of traumatism."

These influences were operative in the majority of cases, although not one of them except the last applies to the whole list.

With the idea that it was conceivable that a disease of the nerve centers, not reached by ordinary drugs might be

affected by agents of such volatility and diffusibility as ether and chloroform the author instituted a series of observations upon a number of epileptics in various stages of the disease. All other treatment was withdrawn, ether was given to the production of full anæsthesia at intervals of from forty-eight to seventy-two hours. The results were either entirely negative or in consequence of the withdrawal of their bromides the patients grew worse.

Since in the great majority of cases upon which Dr. White bases his paper, there were either undoubted symptoms such as are habitually associated with organic disease, or there was demonstrable and unmistakable evidence of such disease, it is necessary to believe, in considering the psychical influence of operation, that powerful impressions acting upon the emotional or intellectual nature may affect the organic processes of secretion, nutrition, etc., and may arrest pathological changes and bring about reparative or recuperative action. Cases are cited in which such influences are clearly set forth.

The author holds that the normal equilibrium which we witness between the cerebro-spinal and the sympathetic systems as respects their influence upon the blood-vessels is obviously more or less interfered with when the brain transmits a more than wonted impulse, allowing the unrestrained action or paralyzing the influence of the sympathetic vasomotor nerve. In this relation the author narrates some remarkable cases of hypnotism and quotes some striking examples of the effect of the central nervous system upon the body.

Belief is expressed that in many of the cases described there can be little doubt that relief of tension is an important factor in amelioration or cure. If it is assumed that preternatural tension exists in the cranial cavity, this would be relieved to an extent by trephining, and there would be but few exceptions to the rule that in each case something was done which lessened tension in the cavity or organ of the body. There are other cases, however, in which no relief was obtained and yet cure resulted from operation. A diminution of the tension would manifestly alter the blood supply to any important organ in the body, and with it the nutritive processes, local and general. Beyond this nothing definite can be said except as it applies to cases in which, as in cases

of hydrarthrosis, one tapping may prove permanently curative because the original source of irritation and hypersecretion has already disappeared.

Under the head of reflex action the author includes the "reaction of traumatism," as well as the effects of revulsion and counter-irritation.

Verneuil has long since shown that very slight traumatism sometimes excites in the entire economy a general perturbation, and sometimes, by selection of the weak point, a sudden aggravation of lesions that are only slight or have slumbered. This same excitement, usually, prejudicial, may occasionally be curative. In the case of spinal surgery above detailed Dr. White believes that the local shock of the operation was promptly followed by a corresponding reaction in which the vitality of the tissues was raised sufficiently high to determine a return to the normal state. In this relation the reciprocal influence of one portion of the body on another is briefly discussed.

In considering abdominal tumors attention is called to the possibility of the spontaneous disappearance of such tumors, the relation of this disappearance to the operation being coincidental; cases are cited in point. As to the cure or amelioration of growths thought to be malignant by mere exploratory operation, a long search through the literature of the subject has met with but little success.

The cure of tuberculosis of the peritoneum as the result of exploratory incision is explained on the ground that the removal of ascitic fluid allows the peritoneal surfaces to fall together and to acquire adhesions. The tubercles are then shut in between the coils of intestine, the omentum and abdominal wall. They are thus surrounded by tissues in a high degree of activity which can now throw around them the limiting zone of young cells and eventually fibrous tissue, which, if the tuberculous process is not too far advanced, may effectually resist it and may cause it to retrograde, the process being analogous to that which we see imperfectly going on around a cancerous growth.

As a result of a study of the subject the author believes the following conclusions are warranted:

- 1°. There are large numbers of cases of different grades of

severity and varying character which seem to be benefited by operation alone, some of them by almost any operation.

2°. These cases include chiefly epilepsy, certain abdominal tumors, and peritoneal effusions and tubercle, though the improvement in the latter is, perhaps, to be explained on general principles.

3°. Of the possible factors which, by reason of their constancy, must be considered, anæsthesia seems least likely to have been effective. The other three, viz., psychical influence, relief of tension, and reflex action, may enter in varying degrees into the therapeutics of these cases, and taken together, serve to render the occurrence of occasional cures less mysterious.

4°. The theory of accident or coincidence scarcely explains the facts satisfactorily.

Medical Schools In Cincinnati.—An exchange states that Dr. James T. Whittaker says the medical schools of Cincinnati represent every freak, fraud, and frenzy of which the human mind is capable. There is a hospital for every race, for every creed, for every sex, for every age, and at present rates there will soon be one for every disease and every doctor, as founders of hospitals and medical schools, are physicians, preachers, fashionable ladies, and men who have made fortunes by questionable means, as vending patent medicines.

Tri-State Medical Association.—The third annual meeting of the Tri-State Medical Association will convene in Turner Hall, Chattanooga, Tenn., Tuesday, October 27, 1891, and continue in session three days. Indications are that it will be one of the largest medical meetings ever held in the South. Representative physicians from all sections will be present.

All who desire to read papers should send title to the Secretary of the Association before September 1. In due time a circular will be issued, giving a complete list of all papers and names of exhibitors who apply for space before October 1.

President—Robert Battey, M. D., Rome, Ga. ; Secretary—Frank Trester Smith, M. D., Chattanooga, Tenn. ; Secretary of Executive Committee—W. L. Gahagan, Chattanooga, Tenn., P. O. Box 542.

Book Reviews.

The Pocket Materia Medica and Therapeutics, a Résumé of the Action and Doses of all Official and Non-Official Drugs now in Common Use. By C. HENRI LEONARD, A. M., M. D. 12mo. pp. 300. [Detroit: The Illustrated Medical Journal Co. 1891. Price, \$1.00.

This little book is a handy one for reference by the physician student, or druggist. Although everything in it is condensed it contains all the essential points that are usually desired. The author states that he has been engaged for four years in its preparation and the internal evidence, offered by the book itself, shows that he was not idle during this time. The latest preparations are given, English, French, and German synonyms are given, antagonists and incompatibles, officinal and non-officinal preparations, etc. So far as we know, it is the most complete book of its size on the subject which has been issued up to the present. The point which should not be overlooked is that, in the dosage given, the apothecaries and the metric weights are given, the minimum and maximum dose appearing.

Literary Notes.

Bulletin of the American Academy of Medicine is now issued regularly and is at present devoting its pages to a reproduction of the papers read at the last annual meeting. Most of these deal with the education of the physician, technically and otherwise, and are of great interest.

Protection or Free Trade? is the title of a 216 page brochure by Henry George. The author discusses the subject in a very clear manner, his aim being to show that tariff duties constitute a violation of natural rights. He is opposed to all protection and, as every one knows, in favor of a single tax. His conclusion in the whole matter is that social institutions as well as national policy should be made to conform to one law—to respect the rights of others as scrupulously as we

would have our own rights respected. This is the manner of securing the blessings of abundance and peace. This interesting monograph is one of the Single Tax Library published by Henry George & Co., of New York (42 University Place), at the uniform price of 25 cents a number.

The *Climatologist* has made its bow. It is an octavo of eighty-two pages, edited by Drs. John M. Keating, Frederick A. Packard, and Charles F. Gardiner. W. B. Saunders, of Philadelphia, is the publisher. This monthly, which is of a high order of merit will be sent at the rate of \$2 per annum. As the title indicates it is devoted to climate, mineral springs, diet, preventive medicine, etc., and the first number is an excellent one.

The *Modern Antipyretics: their action in Health and Disease* is an octavo of fifty-two pages written by Dr. Isaac Ott and published by E. D. Vogel, of Easton, Pa. The author reviews the subjects of fever, the chemistry, physiological and pathological action of antithermics. He then takes up the therapeutics of the various newer antithermics giving particular attention to the coal-tar products, considering each one separately. The monograph concludes with a discussion of the value of antithermics in typhoid fever.

The *Post-Graduate Clinical Charts* are among the best which have been published. Each book keeps the record of one case eight weeks and everything is so arranged as to make it possible to note every detail. If necessary the book can be taken apart and new leaves inserted. It was designed by Drs. Jno. W. Linsley and Wm. Bailey of the New York Post-Graduate School. The price is twenty cents each book, \$2 00 per dozen, or \$15.00 per 100 and may be obtained from Dr. J. H. Linsley, 226 E. Twentieth street, New York.

Lectures on Tumors is a late issue of the *Physician's Leisure Library* published by Geo. S. Davis, of Detroit. The author has encompassed, in the 138 pages of this opusculc, a condensation of his lectures on tumors considered from a clinical point of view. He very correctly refers to the inadequate classifications of tumors which have been made; but contents himself with that adopted by the American Medical Association, in spite of its numerous inaccuracies. Nothing new has been attempted in this little book. It is simply an effort to

condense, in as brief a compass as possible, the leading principles involved in a consideration of the structure and nature of cysts and tumors. The author has fairly well succeeded in his purpose and the colloquial style adopted is one which will make him readily understood in everything that he has to say on the subject. The price is uniform with that of the other numbers of the series—25 cents.

Origin, Purpose, and Destiny of Man is a work on transcendental medicine by William Thornton, the author of *Rationalism in Medicine* of which the present is a continuation. The philosophy of the three others is also considered in the present opuscle. We must confess to our objection to the term supernatural which continually recurs in the author's argument. To give an example of his main argument we reproduce the following on "how to make medicine a science": "A complete system of medicine can be founded only on the following principle. From the animal, vegetable, and mineral kingdoms, nothing must be selected but those elements which enter normally into the chemical composition of the body, everything else being incompatible with it; in short, nothing is to be introduced into the body in a diseased state, but that which is formulated from the elements found in it in a healthy state." Those who have any curiosity to read this little book can obtain it by addressing the author at Boston.

Messrs. J. B. Lippincott Company announce that they will publish, about September 1, the eighth edition of *Wood's Therapeutics*, its *Principles and Practice*; rearranged rewritten and enlarged. Scarcely three years have elapsed since the appearance of the seventh edition, yet the preparation of the present volume has necessitated a careful study by its author of more than seven hundred memoirs. In the present edition no revolutionary changes have been made comparable to those of the seventh revision, but great care has been exercised to see that every portion of the work has been thoroughly revised, and a number of the articles have been completely rewritten, while some new drugs have been noticed. Among those portions of the book which are practically new may be mentioned, as important, the whole subject of *Anæsthetics*, the articles upon *Cocaine*, *Strophanthus*, *Caffeine*, *Antipyrin*, *Antifebrin*, *Phenacetin*, *Hydrastine*,

Paraldehyd, Lead-Poisoning, etc. Among the absolutely new articles may be mentioned Sulphonal, Chloralamid, Aristol, and others.

The Standard Dictionary of the English Language, published by Funk and Wagnalls, 18 and 20 Astor Place, New York, will soon be completed. When issued the price will be \$12.00, but to advance subscribers it will be \$7.00. We have received specimen pages which show it to be a work of great literary merit, and it will easily take rank among the authorities. It will contain nearly 2,200 pages, over 4,000 illustrations, and contain 200,000 words, 70,000 more than in any other single volume dictionary. The most eminent men have been enlisted to contribute to this stupendous work and it will be as Prof. Theo. Hunt says, "the English people's word-book."

Books Received.—The following books were received during the past month and will be reviewed in forthcoming numbers of the JOURNAL.

Transactions of the Thirty-fourth Annual Session of the Medical Association of Missouri, held at Excelsior Springs, Mo., May 19, 1891. 8vo. pp. 177. [Kansas City: Tiernan-Havens Printing Co. 1891.

Vacation Time with Hints on Summer Living, by H. S. Drayton, M. D., 12mo, pp. 84. The Science of Health Library. [New York: Fowler & Wells Co. Price 25 cents.

Addresses, Papers and Discussions in the Section of the Practice of Medicine and Physiology at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5, 6, 7 and 8, 1891, 12mo., pp. 324. [Chicago: Printed at the Office of the Association. 1891.

The Pocket Anatomist, Founded upon Gray, by D. Henri Leonard, A. M., M. D. Fourteenth Revised Edition, containing Dissection Hints and Visceral Anatomy., 12mo., pp. 297, 193 illustrations. [Detroit: Illustrated Medical Journal Co. 1891. Price \$1.00.

Pamphlets Received.—The following pamphlets and reprints were received during the past month and we take this occasion to return our thanks therefor. A New Intestinal Clamp, by A. V. L. Brokaw, M. D. (Extract from the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, October, 1890); Some

Practical Points in the Technique of Abdominal and Pelvic Surgery, by A. V. L. Brokaw, M. D. (Reprint from the *St. Louis Courier of Medicine*, March, 1891); The Direct Treatment of Diseased Tubes and Ovaries, by A. V. L. Brokaw, M. D. (Reprint from *Medical Mirror*, July, 1891); Fifteenth Annual Announcement of the Ensworth Medical College and Hospital, Session 1891-92; Twenty-third Annual Announcement of the Kansas City Medical College, Session 1891-92; Annual Announcement and Catalogue of the Baltimore Medical College, Session 1891-92; Announcement of the Marion-Sims College of Medicine, Session of 1891-92; Sixty-seventh Annual Announcement of the Jefferson Medical College, Session 1891-92; Six Weeks' Observation in Rectal Surgery in the Practice of Dr. Joseph M. Mathews, by Leon Strauss, M. D. (Reprint from *Medical Mirror*, Feb., 1891); The Address on Surgery, by Joseph M. Mathews. (Reprinted from the *Journal of the American Medical Association*, May 9, 1891); Extirpation of the Kidney, for an Enormous Myxo-Sarcoma in a child aged three years and eight months, by A. V. L. Brokaw, M. D. (Reprinted from the *Medical News*, March 21, 1891); "The Motive and Method" of Electricity in Pelvic Inflammation, by George F. Hulbert, M. D. (Reprint from *Weekly Medical Review*, June 6, 1891); The Remarkable Effects of Diuretin in Removing Dropsy, by Robert H. Babcock, A. M., M. D. (Reprint from the *New York Medical Journal*, July 11, 1891); Note on a New and Simple Treatment for Certain Forms of Retroflexion of the Uterus, by A. C. Bernays, A. M., M. D., M. R. C. S.; Some Points in the Technique of Complicated Laparotomies and Remarks on the Causes of the Gradually Increasing Success of the Results Obtained, by A. C. Bernays, M. D., M. A., M. R. C. S. (Reprint from *Weekly Medical Review*, May 30, 1891); Prospectus of the St. Louis College of Pharmacy, Session 1891-92; Fifty-first Annual Catalogue and Announcement of the Missouri Medical College, Session 1891-92; Tenth Annual Announcement of the Chicago College of Physicians and Surgeons, Session of 1891-92; Trichina Spiralis, by Dr. H. M. Whelpley; Fifty Notes for Pharmacists, by H. M. Whelpley, M. D., Ph. D.; Third Annual Announcement of Tennessee Medical College, Session 1891-92; Treatment of Penetrating Wounds of the Abdomen, by Emory Lanphear, M. A., M. D.;

Bloodless Amputation at the Hip-Joint—How should it be Performed? By Emory Lanphear, M. A., M. D. (Reprinted from *University Medical Magazine*, July, 1891); **Illustrative Cases of Congenital Club-foot**, by H. Augustus Wilson, M. D. (Reprinted from *Annals of Gynecology and Pædiatry*, June, 1891); **Sixth Annual Announcement of the Kansas City College of Pharmacy**, Session 1891-92.

Melange.

The Medical Press Association.—It is proposed to have a meeting and conference of this Association in St. Louis during the meeting in this city of the Mississippi Valley Medical Association, on October 14, 15 and 16.

Physicians as Legatees.—It may not be generally known that, in France, according to article 309 of the code no physician can be the legatee of a patient whom he has treated in his last illness. While this may be a hardship in some cases, it effectually removes all accusations of exercising undue influence.

Missouri Valley Medical Society.—The fourth annual meeting of the Medical Society of the Missouri Valley will be held at Council Bluffs, Ia., September 17 and 18. The Society has a membership of over 300. None but men of known professional standing are admitted as members. The membership extends along the Missouri Valley from Yankton, S. Dak., to St. Louis, Mo. Physicians residing in South Dakota, Nebraska, Iowa, Kansas, and Missouri, constitute the membership.

American Rhinological Association.—The ninth Annual Meeting of the Association will be held in Indianapolis, Ind., October 6, 7 and 8. The meeting promises to be an interesting one. Papers are promised, among others, as follows: "Nasal Stenosis from Inflammatory Action," by Dr. Christopher, St. Joseph, Mo. "The Abuse of the Galvano-Cautery in the Treatment of Diseases of the Ear, Nose and Throat," by Dr. Cheatham, Louisville, Ky; "Sarcoma of the Nasal and Pharyngo-Nasal Carities," by Dr. Rumbold, St. Louis, Mo.; "The Voice Treatment of the Nose and Throat," by

Dr. Hobbs, Atlanta, Ga. ; "Surgery of the Nasal Forsæ," by Dr. North, Toledo, O. ; "When Ante and when Post-Nasal Catarrh," by Dr. Von Klein, Cleveland, O. Other papers are promised and some from applicants for fellowship in the Association. President Dr. R. S. Knode, Omaha, Neb., Secretary, Dr. E. R. Lewis, Indianapolis, Ind. Inquiries may be addressed to either of the above officers.

Female Medical Students in India.—Lady Dufferin's scheme of educating women for the practice of medicine among the native women, who would never be permitted to receive a male physician, is now in active operation. There are twenty-six students under training in the Madras Medical College, of which number six are being trained for the Hospital Assistant's grade, and the rest for the Apothecary's grade. Six of these students, three in each grade, are expected to graduate in a short time.

Specialists in Austria.—The Austrian government has promulgated a law regarding the practice of the various specialties in medicine and surgery. According to this, no physician can style himself a specialist in any branch of medicine, unless he furnishes proof that he has devoted special study to the diseases he professes to treat. This rigorous action appears to be justified by the fact of the existence of so many specialists of all kinds, who are only such in name only so far as a large majority is concerned.

Yellow Fever in New York.—Several suspicious cases of fever have occurred in and around this city says the *Medical Record*, in the past few days, the sufferers having been passengers on the steamer Santiago, which arrived from Cuba on August 21. Investigation by the health authorities has shown that the disease was a pernicious remittent and not yellow fever. That it was not the latter is fortunate. At least six of the passengers on the steamer are now known to have been sick on the day of their arrival in this port, yet the vessel seems to have passed through Quarantine without any detention. While it is possible that the medical officers may have been a little less careful than they should, yet they may not be in the least degree responsible, as it would be a comparatively easy matter for the fact of a man's being ill to escape the eye of the inspector as long as the patient was able to be

on deck. But this occurrence emphasizes the necessity of having surgeons on passenger steamships running to the tropics, a matter brought up by the Health Officer in his last annual report and referred to recently in these columns. A surgeon on the steamer during the six days' voyage from Cuba would have had time to examine these cases carefully and to make a rational diagnosis. He would have reported them to the medical officers at Quarantine, the liability of an error in the diagnosis would have been reduced to a minimum, and a good many timid people would have been spared the shock of a yellow fever scare.

Leprosy in Jamaica.—Dr. Donovan, in his annual report to the Governor, on the Lepers' Home, Jamaica, estimates the leper population of the island at 450, or one leper to 1,380 of the population. Pending general legislation on the question of isolation, he recommends a prohibitive enactment against lepers keeping provision stores or being employed therein, or in the preparation of food; that no leper be allowed to engage in any of the following vocations, namely, baker, butcher, fisherman, tailor, school-teacher, etc.

Publication of Births.—The *Columbus Medical Journal* says: The publication of births reported at the Health Office in some of the daily newspapers is a gross outrage. A birth is a private matter which concerns only the family in which it occurs, and the newspaper reporter has no right to intrude upon domestic privacy by publishing the names of the parents and the fact of the birth from information which the Health Office can ask for only on the ground that public policy demands the collection of vital statistics. Those parents who wish to announce the birth of a child can always do so in the usual column of "births;" other parents should not have publicity forced upon them. To many people it is a great annoyance to see their domestic affairs thus paraded in print. Moreover the publication of all births without further explanation, as is commonly done, may give rise to serious misunderstanding and injurious suspicion. For instance, among the births reported last month was one to a young couple who had been married less than seven months. The fact that the child was born prematurely in the seventh month did not appear in the newspaper report, but no doubt the announcement

of the birth caused great scandal among those who were acquainted with only a portion of the facts in the case. If the Health Office continues to allow the publication of the births reported it will not get full returns, and the value of the statistical information furnished will decrease.

The above, from the *Northwestern Lancet*, is eminently true, and the conclusion, as to imperfect returns, has been already reached in this city, where a number of the physicians decline to make returns. This method of securing birth statistics is cumbersome, and, so far as physicians are concerned, a nuisance; the annually elected assessor secures the same results, practically, and in a much simpler way.

Membership in the American Medical Association.—

This is obtainable, at any time, by a member of any State or local Medical Society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write to the Treasurer of the Association, Dr. Richard J. Duglison, Lock Box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the President and Secretary of said Society, with five dollars for annual dues. Attendance as a delegate to an annual meeting of the Association is not necessary in order to obtain membership. On receipt of the above amount the weekly Journal of the Association will be forwarded regularly.

The Medical Bureau of the Columbian Exposition —

This adjunct to the great Fair was organized June 1, 1891. Staff: Jno. E. Owens, M. D., Medical Director; W. H. Allport, N. R. Yeager, S. B. Plummer, Assistant Surgeons. The Bureau took charge of medical, surgical, and sanitary inspection work on the grounds July 1, 1891, and is now in active operation. A temporary dispensary and emergency hospital has been constructed, where medical and surgical attendance and medicines are furnished to employes during the day free of charge. The Bureau is amply equipped with instruments, medicines, operating room furniture, stretchers, cots, and an orderly. The City Police Department has furnished a patrol wagon for ambulance service to be used until a permanent ambulance has been constructed, and the Exposition company provides horses, harness and driver. The present Bureau

operating during the construction period will be the nucleus of the medicine service of the World's Fair. It is the intention of the Medical Director to make the records of the Bureau as complete as possible from a statistical and historical standpoint, and to furnish at the close of the service a report which will be valuable in the organization of the Medical Bureaus of future Expositions. Present number of persons living or working on the grounds is 2,000, increasing weekly. Several accidents have already occurred, and the Bureau has had ample opportunity to demonstrate its rights to existence.

The American Association of Obstetricians and Gynecologists will hold its fourth annual meeting at the New York Academy of Medicine, 17 West Forty-third street, in the city of New York, Thursday, Friday and Saturday, September 17, 18 and 19, 1891, under the presidency of Dr. Adam H. Wright, of Toronto. All physicians interested in the discussion of subjects pertaining to Abdominal Surgery, Obstetrics and Gynecology are invited to attend without further formal notice. By order of the Executive Council.

Simplicity and Independence in Prescription-Writing.—In this day of extensive knowledge of drugs and of their physiological actions there is a great tendency to complexity of prescription, says the *Medical News*. Impatient or dissatisfied with the slowness or uncertainty of action of a single remedy, the therapist is tempted to devise formulæ that will answer many and varied purposes. In this he is encouraged by the unfortunate practice of introducing into text-books formulæ the memorizing of which the student deludes himself into believing is the essence of therapeutics. He would be better taught if, instead, he were shown that the most effective treatment depends upon a knowledge of disease and of the action of individual drugs.

A drug should be prescribed for the effects that it will produce. Given alone, in this way its action can be best studied. Experimental therapeutics in the lower animals has only a relative value, to be confirmed or modified by observation in man. There can be no objection to the intelligent combination of a number of remedies in a single prescription; but they should be rationally combined, from a knowledge of their therapeutic effects, to accomplish definite results that it is

known can only be obtained by such combination. The danger consists in the indiscriminate and routine use of such formulæ, as a result of which prescription-writing becomes merely mechanical, while the isolated action of a remedy escapes observation, and the lesson that every case should teach is lost.

Sometimes, of course, drugs are prescribed when drugs are not required. The mere existence of a valvular lesion of the heart or of the derangement of the gastro-intestinal apparatus does not, by any means, indicate the administration of medicaments. The physician owes it to himself and to his patient not to prescribe unnecessarily. He has no more right to deceive or pretend under such circumstances than under any other.

To be successful, a therapist, besides being observant and conscientious, must be intelligent, original, independent, and have a distinct purpose in view. The prescriptions of such an one will always be simple, spontaneous, rational, and adapted to the individual case. To him ready-made formulæ are as obnoxious as they are unscientific.

How to Write an Article.—The *Epoch* has been publishing a series of articles for writers. There is much there that appeals directly to editors, medical and otherwise. "Let your paper be white," says Miss Thackeray, "of good quality, fit for ink, and let that ink be black. Don't use pencil; the countless hands that finger your manuscript, from the lord high admiral editor down to the printer's devil, will rub and blur it into illegibility.

"Make your writing legible, especially the proper names, even if you have to sacrifice some cherished flourishes and artistic shadings. Eschew shading, a sprawling hand, and a Gillott's pen 404. What is known as the 'literary hand'—a small compact hand, almost upright—is the best economy of time and space. If you print your proper names with a pen, the editor will be doubly grateful. Use a stub pen if you can, and black ink that will not rub after it is dry. Violet ink, particularly on orange paper, which some authors affect, rubs, fades, and stares the tired editor's eyes out of countenance.

Avoid blots and interlineations as you would the black Death, says the *Medical Record*.

"Six by nine inches is an excellent size of sheet on which to write. Never, never, inflict foolscap upon a long-suffering editor. Foolscap paper is heavy, awkward to handle or put down, occupying too much space, covers the case of the compositor, and jostles and breaks its corners in Uncle Sam's mail bag. Letter paper size may be pardoned, especially in a type-written manuscript, but foolscap, especially if it be rolled, is the nightmare of an editor," and we might add that exchanges put up in the same way are looked upon in the same manner. "Several magazines advertise that they will return rolled manuscripts unread; one desperate domestic periodical announces that all such manuscripts will be burned unopened.

"Revision nearly always implies condensation. Strip your manuscript of all unnecessary verbiage, and it will have a much better fighting chance. Carefully count the number of words. I think if I could give the beginner but one bit of advice it would be this: Five hundred words too much will sometimes swamp the ship and sink your craft to the bottom of the editorial waste-basket.

"As to faults of ignorance, it ought to be unnecessary to remind the beginner that no one has a right to inflict a misspelled, poorly-paraphrased, ungrammatical article upon a long suffering editor. If you can't spell correctly or write grammatically, or punctuate and capitalize with at least ordinary regard for the rules of John Wilson, shut your desk down upon your epic and open your grammar and your rhetoric. You are handicapped in the race."

Dangerous Experiments.—We learn from the Berlin correspondent of the *Therapeutic Gazette* that Professors Bergmann and Hahn (surgical chiefs of the City Hospital, Friedrichshain), the most renowned of German surgeons, have been charged by Dr. Eugen Leidig, a governmental lawyer, with malpractice, or, more accurately, with making unwarrantable and dangerous experiments on carcinomatous patients. Before entering into details of that charge, which is at present attracting great attention, it will be of interest to learn the history of the case.

A Paris clinician of considerable repute recently created a sensation by reporting before the Academy his experiments regarding carcinoma made in the St. Louis Hospital. The hu-

man French experimenter could boast, not of having cured, but of having artificially produced carcinoma on various hospital patients. Carcinomatous matter was introduced in various portions of the body without the sanction of the patients, and in spite of great pain endured by the patients. The experiments were invariably successful, or, in other words, the patients became carcinomatous. One of the doomed patients died shortly. The Paris Academy protested energetically against experiments of this nature. I think that the President of the Academy would have sustained the reputation of that illustrious institution better if he had called the next policeman, demanding the arrest of the scoundrel. It is revolting to even think that such methods of investigation should ever enter a science the ultimate objects of which are purely of a humane character. It is indicated to construct new and energetic legal restraints to such morbid outgrowths of pathological research.

Soon after the announcement of that French affair, rumors were afloat that the same thing occurred in German hospitals too, and a number of celebrated names were mentioned in that connection. Dr. Eugen Leiding, a governmental lawyer, succeeded in gathering sufficient proof of evidence to charge Professors Bergmann and Hahn with undue experiments in the indicated direction. It is gratifying to know that the German surgeons confined their experiments solely to patients who had already been carcinomatous. The charge specifies and proves that by the experiments of the two professors new carcinomatous foci had been created on previously healthy regions of the body. Professor Hahn is known to have transplanted in a carcinomatous woman three excised carcinomatous nodules to remote portions of the body, and to have thus produced three new carcinomatous foci in previously healthy regions. The particles were covered with healthy skin, and soon began to grow, attaining three to five times their original size. The surrounding tissue showed a distinct carcinomatous character.

Professor Bergmann is known to have repeated this experiment with equally positive results. It is impossible to sanction the principle involved in these experiments, and the best we can say is that such procedures should be punishable if made without the connivance of the patients.

The Patent Medicine Substitution Business is thus commented on by the *Medical News*: "No one like a thief to catch a thief" is an old motto and one that is being illustrated in the proprietary medicine business. The nostrum-venders must now fight their imitators, and it is to be hoped that in this piratical and parasitical rough-and-tumble the public may become disgusted with the whole crew. Millionnaire patent-medicine venders are becoming as common as ward politicians, and no one will feel sorry that they must take some of their own medicine. It seems that almost every secret compound now has many imitations, and that there are a number of large manufacturers whose sole business it is to make these counterfeits. The standard article is imitated in originals, in qualities, appearance, name and appearance of the packages, as nearly as it is possible or safe. Druggists buy these counterfeits and use their own printed wrappers to give them a personal guarantee of value and private manufacture. Whenever an imitation attains any considerable popularity it is probable that it will find imitations. And thus is again illustrated the old saw:

These little fleas that do me tease
Have lesser fleas that bite 'em,
And these again have lesser fleas,
And so *ad infinitum*!

Social Medical Matters.

Dr. W. V. Kingsbury, who has been absent in Alaska with a party of the U. S. Coast and Geodetic Survey for the past two years, is back in St. Louis again. He has gained in flesh and looks the picture of health. He intends to pursue the practice of medicine here.

A Pond Lily.—Our readers may not all know that not very long ago Dr. Eustathius A. Chancellor, received the appointment of Surgeon-in-Chief of the First Brigade, National Guard of Missouri, with the rank of Colonel. Early in August the First Brigade held a brigade encampment at Lake Contrary, which is situated a short distance from St. Joseph. During the encampment numerous lady visitors daily made the rounds of the camp, went rowing on the lake, and indulged

in all the various methods they chose as best suited for killing time. It was also noted that the days occasionally were very hot and sultry. It was on an occasion of this kind that the gallant Colonel thought that it would be a good idea to take a swim in a retired portion of the lake and there get rid of some of the superfluous caloric which seemed to cling fondly to his adipose. It so happened that where he was bathing pond-lilies were numerous.

All pleasures must end in this vale of tears—so did the Colonel's bath. So he thought. He was about to emerge from the lake in *puris naturalibus* when the sound of female voices struck his ear. He could not come out, nor could he betray the situation which Fate had forced upon him. What was he to do? A bright thought struck him—he hid his frame in the quiet waters of the lake permitting nothing but the bald portion of his dome of thought to appear upon the placid waters of the lake. How long this would last he did not know. Suddenly his startled senses were aroused. "I wish it wasn't so far out, I'd like to have it so much." "What?" asked a friend. "Oh! that peculiar pond-lily out there. Don't you see how different it is from the rest." Terror smote the Colonel's heart but he remained quiet.

The story leaked out and every one says that the Colonel wears becomingly his well-earned soubriquet of Pond-Lily Chancellor.

Dr. A. C. Bernays, Professor of Anatomy and Clinical Surgery in the St. Louis College of Physicians and Surgeons, has resigned that position. Dr. Geo. W. Cale has been elected as his successor. Dr. Bernays, we understand, has been elected Professor of Surgical Pathology and of Clinical Surgery in the Marion-Sims College of Medicine.

The Medical Colleges will all open in September and this will mark the beginning of the end of the two year sessions. Beginning with 1892 all matriculants will be forced to attend three terms of lectures in all the medical colleges of St. Louis. As all so far as we know, are members of the American Medical College Association they will conform to the resolution passed at the last session. It will effectually stop the cry of "diploma mills" which has certainly never been deserved by any medical college in this city.

Miscellaneous Notes.

"What did the doctor pronounce your ailment?" inquired she with a tremor of anxiety in her tone as she came into her husband's sick room.

"He pronounced it as if it were spelled bronkeetus," exclaimed the indignant Bostonian, straightening himself up in bed, "and I requested him at once to make out his bill and go."—*Chicago Tribune*.

LAKE SUTTER, FLA., May 25, 1891.

MESSRS. REED & CARNICK, NEW YORK:

Gentlemen.—I have prescribed your Food for years, and I thought perfection had been reached, but your Lacto-Preparata has surely crowned your efforts with complete success. It cannot be improved. I have been prescribing your preparations for years, and shall continue to do so as long as you keep up to the present standard. I have not been solicited to write this by any one, but when I find such preparations as Reed & Carnick's, I feel it my duty to assist them in placing them before our brother doctors.

Yours truly,

J. E. ANDERSON, M. D.

Wife (to husband)—"John, mother is very sick this morning, and I wish you would stop at Dr. Pellet's office on your way down town and send him here at once."

Husband—"Why not employ young Dr. Smith? He is just beginning to practice and ought to be encouraged. I believe in giving young men a show."—*New York Sun*.

Jas. P. Peeler, M. D., Kissimmee City, Fla., says: I know of nothing with which I have had better success, in treating the various diseases peculiar to the female, than Aletris Cordial. I have used it in amenorrhœa and dysmenorrhœa, with excellent results, and also in ovarian and uterine congestion and neuralgia, whether from cold or otherwise, I know of no better remedy. Mr. L——, consulted me about his wife. Had been married four years, and had no children. He was a strong healthy man about twenty-eight years of age, and his wife twenty-four. He was very anxious that there should be an increase in the family, and had two other physicians at different times giving her medicine for that purpose. I ascertained that she suffered very much with her menses, and frequently had to take her bed during the time. They were sometimes very scant and at others rather profuse. When consulted it was about a week before her menses would appear. Prescribed

R Aletris Cordial.....8 ounces.

Sig.: One teaspoonful three times a day.

The husband reported that the wife had the easiest time she had ever had, and suffered no pain. When the next time came the menses did not appear, two bottles of Aletris Cordial were taken, and in regular time they were made happy by the advent of a bright bouncing girl. The above is one of several cases of the same kind I have had in my practice. I have been prescribing Aletris Cordial in my practice for about five years, and from its use during that time I have certainly had an opportunity of testing it very well, both singly and combined. When treating females of a weak nervous, and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case:

R Aletris Cordial.....8 ounces.
Celerina.....8 ounces.

M. Sig.: Two teaspoonfuls three or four times a day.

At the Wrong Business.—Physician: "What is your profession, sir?" Patient (pompously), "I am a gentleman." Physician "Well, you'll have to try something else; it doesn't agree with you."—*Life*.

A Christian scientist asked a patient whether he had ever tried faith-cure for rheumatism. "Yes, I am trying it now. I've got in my pocket the left hind-foot of a rabbit that was killed in the dark of the moon, and I'm blamed if I don't think its helping me."

Leucorrhœa, with Depression of Spirits, Etc.:

R Tinct. Pulsatillæ.....2 drachms.
Aletris Cordial [Rio].....6 ounces.

M. Sig.: Teaspoonful four times daily.

An Eye to Business.—Melancholy Stranger: You are sure this poison will kill a man?

Druggist:—Yes, sir; I can guarantee it. By the way, if you are going to commit suicide, I wish you'd put one of our circulars in you pocket. It'll be a big advertisement for us when your body is found.—*Epoch*.

Undertaker (sympathetically):—What ailed your wife?

Bereaved husband:—Wall, fust she tuk a bad cold, then she tuk the doctor's prescription, then she tuk her bed, and a tween the three, they just laid her out.—*Pharmaceutical Era*.

Hay Fever Remedies.—Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on *materia medica*.

Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in four per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, one grain; Atrapine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution.

Menthol may also be used with advantage in ten to twenty per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simply insufflated.

For internal administration to abort the paroxysms *Grindelia Robusta*, *Euphorbia Pilulifera* and *Quebracho* may be resorted to either alone or in combination. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever.

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

Vender of Patent Medicine.—"You know that Shakespeare says 'Truth hath a quiet breast.'"

Student:—"Yes."

Vender of patent medicine:—"Well Truth always keeps a bottle of my nerve tonic on hand."—*Pharmaceutical Era*.

Encouraging.—Physician:—"Cheer up, my dear sir, you'll not have to live on gruel more than a week if you take your medicine properly."

Patient:—"No: I suppose my diet will be changed to angel's food by the end of that time."—*Pharmaceutical Era*.

Iodoformin a Substitute for Iodoform.—The antiseptic properties of *Iodoformin* excels those of Iodoform and the disagreeable odor is also dispensed with. It is a combination of Iodoform and Nitroiodophenol, which being applied to wounds is perfectly harmless, prevents suppuration and retains the same in a better aseptic state than Iodoform. Every physician who dislikes the odor of Iodoform will be greatly pleased to find in our *Iodoformin* a preparation with all the good qualities of Iodoform, but with none of its unpleasant properties. Eminent surgeons recommend and exclusively use it. It is not more expensive than Iodoform. Please give it a trial. Very respectfully,

New Athens, Illinois.

DRS. VETER & DOSE.

MEYER BROTHERS DRUG CO., Agents at St. Louis, Mo.

The Other Man Laid On.—Minister:—"Who is the deceased?"

Attendant—"Oh, he was a faith healer. He used to go about the country laying on of hands, but one day he laid hands on the wrong man; there was a reaction, and the result was fatal to the healer."—*Pharmaceutical Era*.

ROSSVILLE, STATEN ISLAND, July 16th, 1891.

ANTI-KAMNIA CHEMICAL Co.,

Gentlemen:—After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made.

After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia, which I also consider an unequal febrifuge. Indeed its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth so as to be encouraged in your work.

Truly, CALEB LYON, M. D.

Ready for his Medicine.—Dr. Waterman:—"My friend you ought to take something for that red nose of yours.

Mr. Fizz:—"Thank ye doctor; here's a saloon door right handy."
—*Judge*.

Epilepsy.—In a case of epilepsy of several years standing I have used Peacock's Bromides with perfect satisfaction to myself and patient. It controls the spasms perfectly and seems to agree well with the stomach.

West Jefferson, Ohio.

W. E. POSTLE, M. D.

Ill Met.—He: "I love you devoutly, my heart's treasure, and I can but think that an affection like mine must meet with some return; yes, you must love me—love looks out upon me from the glorious windows of your divine soul."

She.—"Harry, only yesterday you told me that love was blind. What wonderful physician has been operating on the dear little god's eyes, thus enabling him to look out of the window so soon?"—*Pharmaceutical Era*.

Dioviburnia is pronounced by the most prominent Professors of medicine as being the most powerful uterine tonic attainable. It is the remedy to right the wrongs and relieve the weakness of the uterus and appendages. It resuscitates to normal condition. It is a sure remedy to prevent miscarriage, also nausea in pregnancy, restoring the entire uterine system relieving all abnormal conditions of same.

An Unsolicited Compliment.—Dr. Binks (the family physician)—"I'm afraid your wife is in a very serious condition, Mr. Tangle."

Tangle—"That's just what I've thought for some time, Dr. Binks, and I've been telling her all along that she ought to have a better doctor."—*Munsey's Weekly*.

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Original Contributions.

ONE HUNDRED DON'TS IN SYPHILIS. By A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

1. Don't salivate your patient.
2. Don't frighten your patient with the seriousness of syphilis.
3. Don't tell your patient that syphilis is incurable
4. Don't send him to Hot Springs.
5. Don't permit your patients to do as they please.
6. Don't fail to impress your patient with the infectious nature of syphilis.
7. Don't permit your patient to become melancholy.
8. Don't order inunctions for a married man.
9. Don't be afraid to give your remedies in doses that are high enough.
10. Don't regard every symptom and lesion as syphilitic because the patient is.
11. Don't pronounce a case not amenable to treatment; send the case to one who knows more about the subject than you do.
12. Don't operate on syphilitic lesions under the impression that they are epitheliomata.
13. Don't inquire as to how the disease was acquired. The patient will tell you unsolicited or will lie about it.
14. Don't fail to employ local applications.
15. Don't begin general treatment as soon as the chancre appears; it might not be a chancre.

16. Don't forget that some persons have large inguinal glands, normally.

17. Don't suggest alopecia to your patient, or he will pull out half of his hair to see if it is falling out.

18. Don't fail to watch closely for iritis. This needs immediate attention when it occurs.

19. Don't forget to make syphilitics keep their teeth clean.

20. Don't use nitrate of silver on mucous patches. Use nitric acid, pure carbolic acid, creosote, or campho-phenique, according to the depth and severity of the lesion.

21. Don't let your patient neglect taking medicine.

22. Don't fortell any results. They may not occur; or some may arise which you did not foresee.

23. Don't permit smoking or drinking during the early stages of syphilis.

24. Don't neglect any detail.

25. Don't permit a syphilitic to marry until you can conscientiously do so.

26. Don't attempt to make all syphilides disappear by internal medication alone.

27. Don't hesitate to use energetic treatment when it is indicated.

28. Don't let your patient get diarrhoea. If it comes on, stop it.

29. Don't let your patient get an idioc eruption. Use bicarbonate of soda.

30. Don't excise a chancre. It is useless except for cosmetic purposes.

31. Don't order mercurials or iodides to be taken before meals.

32. Don't pronounce a case one of syphilis until you know it to be such.

33. Don't make your external applications too strong.

34. Don't fail to tone up your patient during the secondary period of incubation.

35. Don't place too much reliance upon the history furnished by your patient.

36. Don't imagine that the social standing of your patient is a guarantee of the disease not being syphilis.

37. Don't forget that tannate of mercury is indicated when gastric irritability is present.

38. Don't try every new remedy on your patient.

39. Don't forget that the mercurials and iodides are the only reliable remedies in syphilis.

40. Don't weaken your patient by excessive sweating.

41. Don't starve a syphilitic.

42. Don't abandon the iodides because they irritate the stomach. Administer them in milk, or try other iodine preparations.

43. Don't permit a syphilitic's pregnant wife to go to full term without placing her upon specific treatment.

44. Don't forget that, as a rule, syphilis is of a milder type in women than in men.

45. Don't forget to examine the genitalia of every syphilitic woman. They are prone to moist condylomata.

46. Don't excise syphilitic condylomata. They readily yield to topical applications.

47. Don't fail to look for the chancre. It must be somewhere.

48. Don't imagine that every pharyngitis in a syphilitic is necessarily specific in character.

49. Don't permit a syphilitic to kiss others. Mucous patches may have developed within a few hours.

50. Don't forget that tertiary symptoms may come on early in the disease.

51. Don't fill your patient with mercury for tertiary lesions.

52. Don't promise to remove bony growths (exostoses, etc.), by medication.

53. Don't permit gummata to ulcerate.

54. Don't regard any syphilitic lesion as too insignificant to deserve attention. It may be of the highest importance.

55. Don't push your remedies if they are not well borne. The reason for the want of tolerance must be found and corrected.

56. Don't neglect the patient's general condition.

57. Don't forget that potassium salts are more irritating than the sodium or ammonium salts.

58. Don't lose sight of the fact that the squamous syphilides require the local treatment given in psoriasis.

59. Don't use the same dose for every patient. Each case is a law unto itself.
60. Don't use the iodides in the early stages of syphilis.
61. Don't fail to watch your patient's gums closely while you are giving mercurials.
62. Don't forget that syphilitic eruptions itch in the hairy portions of the integument.
63. Don't imagine that syphilis can be "boiled out."
64. Don't forget that chancres may suppurate.
65. Don't cauterize a chancre.
66. Don't forget that chancres may be multiple.
67. Don't think that because an eruption is mild the process will not be severe.
68. Don't suppose that syphilides are not painful until they attack the deeper structures.
69. Don't forget that brain-workers are most prone to syphilis of the brain and cord.
70. Don't call a phagedenic chancroid a mixed chancre.
71. Don't cauterize a serpiginous syphilide.
72. Don't place too much reliance upon vegetable alteratives.
73. Don't cut out the inguinal ganglia. It does no good and mutilates your patient.
74. Don't expect to find every chancre indurated. In some localities the chancre never indurates.
75. Don't permit a syphilitic, who has eruptions, to use the same towel in common with others.
76. Don't let a syphilitic sleep with one who is free of the disease.
77. Don't permit the secretions of syphilides to accumulate.
78. Don't trephine for gummata of the brain.
79. Don't give the patient the "benefit of the doubt" by placing him under specific treatment. It only increases the doubt.
80. Don't fail to make facial syphilides disappear as rapidly as possible.
81. Don't call a relapsing indurated syphilide a chancre.
82. Don't give quinine in syphilitic fever.
83. Don't hesitate to dress serious lesions yourself. You will then know that they receive proper attention.

84. Don't fail to give your patient a mouth-wash and gargle during mercurial treatment. It will counteract the effects of the mercury to a certain extent.

85. Don't call the pigmentation of syphilis *tinea versicolor*.

86. Don't take flea-bites or the eruption produced by the bites of other insects for the erythematous-syphilide.

87. Don't forget that a chancre may be but a slight erosion.

88. Don't take a chancre of the tonsil to be an enlarged tonsil.

89. Don't believe all the stories of mediate contagion which patients will tell you.

90. Don't forget cleanliness in the treatment of the chancre.

91. Don't administer iodide of potassium in very small doses.

92. Don't attempt to treat a case of syphilis if you can not give it your continuous attention.

93. Don't forget that iodide of potassium is best administered in milk.

94. Don't forget that syphilis attacks the nervous system very insidiously.

95. Don't permit a syphilitic nurse to suckle a healthy child, nor a healthy nurse a syphilitic child.

96. Don't always expect a child to show evidences of congenital syphilis at birth ; they frequently appear later on.

97. Don't fail to watch closely the offspring of syphilitic parents.

98. Don't rely upon the dictum that syphilitic eruptions are always symmetrical.

99. Don't regard syphilitics as criminals ; they are unfortunate.

100. Don't fail to point out to every syphilitic that he or she is a focus of infection, a dangerous member of the community, and enjoin the exercise of the greatest care to prevent the accidental infection of others. Against deliberate infection there is no protection.

5 South Broadway.

INFLUENZA. By E. S. MCKEE, M. D., Cincinnati, Ohio.

Influenza is an epidemic or perhaps better a pandemic, which sweeps rapidly over the globe in the direction from east to west, being equally prevalent in all climates and among all classes of society. The disease has a score of names according to the countries through which it passes, the most common being influenza and la grippe. Influenza, the generally accepted term, is a name given by the Italian savants of the seventeenth century, because they thought it due to the influence of the stars. La grippe is said to come from the Polish *Crypka*, meaning hoarse, but is most probably from the French word *gripper* meaning to seize, from the suddenness of the attack. This is easily changed into the English word "grip" which to its victims is a very meaning term. The Germans call it *Blitz catarrh* which is also expressive.

The origin of the recent epidemic of influenza according to Clemon¹ began in Siberia at Tomsk, October 15, 1889, but Neyfelder¹ asserts that it existed in Russia in the summer of 1869. In the early part of December, 1890, it appeared at Berlin, Paris and Austria and in the latter part of December, in London and New York. It reached Italy, Greece and North Africa about the same time or a little later. The Vienna correspondent of the *Medical Press*² says it had its origin in or about Wassiti, Ostros and Kolorma south-west of St. Petersburg, about the last week of October, 1889, and spread rapidly to the capital. Within three weeks from its first appearance the half of the populace of St. Petersburg were rendered prostrate by its influence. Buckingham,^{3 and 4} relates that an epidemic closely resembling the influenza always appears twice a year, in January and August, in the Caroline Islands attacking nearly everybody. This might be called the home of the influenza providing the complaint is not hay fever. Guiteras³ dates epidemics of influenza back before the Christian era, an outbreak having occurred in the Athenian army in Sicily, B. C. 415. Epidemics occurred at irregular intervals sweeping over Europe from east to west. No exact records have been kept up to the year 1510 when it prevailed in the

1. Medical Record, April 12, 1890. Schmidt's Jahrbuecher, 1890.

2. N. Y. Medical Record, Jan. 11, 1890. Medical Press, 1890.

3. N. Y. Med. Record, Jan. 25, 1890.

4. Boston Med. and Surgical Journal, 1890.

British Isles to an alarming extent and quite an accurate account of the epidemic was written. About twenty well recorded outbreaks followed in the years from 1557 to 1879, besides many others of minor importance. It travels with greater rapidity as facilities for rapid transit improve. In about six weeks it travelled from the neighborhood of St. Petersburg to New York which beats all former records. The extent of the disease in London may be imagined from the statement⁵ that the loss in wages due to the influenza in that city amounted to \$5,000,000, and that a like amount was paid out in insurance and sick dues by the different mutual aid societies. During the summer of 1890 the disease appeared in Iceland⁶ and spread with great rapidity. Former epidemics in this island were very fatal. About the same time it appeared in the Azores⁷. In October, 100,000 cases were reported from Tokio, Japan⁸.

A Paris correspondent⁹ says that upon its first appearance there the faculty made light of it, even the Academy of Medicine assuring the people that the visitation would be a comparatively harmless one. It proved to be worse than any of the three cholera epidemics of 1854, 1865 or 1884 in Paris. They were informed later that it was not the influenza that killed but its sequelæ. While in Paris, it was given its Anglo-Italian name of influenza; in America it was called la grippe. In Paris children were largely exempt, from twenty to sixty years the death rate was three times the average; over sixty only twice. Nearly twice as many males died as females. Wealth conferred no preventive, only the army in actual service enjoyed remarkable immunity.

The etiology of influenza is discussed by Bowd¹⁰ who found in a series of observations embracing about thirty cases, the diplococcus pneumoniæ of Fraenkel-Weichselbaum, the predominant form. In six series embracing sixty or more cases, streptococcus pyogenes were found in the lungs, sputum and other secretions and in various exudations. Each was found a great many times in pure cultures; e. g. in the pus of

5. N. Y. Med. Record, July 19, 1890.

6. N. Y. Med. Record, Sept. 13, 1890.

7. Correo Medico, Lisbon, 1890.

8. N. Y. Med. Record, Oct. 18, 1890.

9. Therapeutic Gazette, Feb., 1890.

10. Medical Record, Mar. 29, 1890. Analectic, April, 1890.

otitis media Finkler finds pure growths of one, and Levy finds pure growths of the other. The general belief is that they have not been the cause of influenza, but that they have developed as the influenza has provided them with a suitable condition for growth, and that this development may have caused some of the complications. Bacterial studies in influenza have been diligently carried on by various observers. Prudden¹¹ found in two or three cases of simple influenza associated with bronchitis very large numbers of streptococcus pyogenes which was the prevailing species, all the rest were scattering forms, most of them ordinarily aerial bacteria. In the other cases of bronchitis there were large numbers of diplococcus pneumoniae of Frankel and Weischelbaum, associated with a few streptococcus pyogenes aureus and several scattering forms. The latter were the only pathogenetic species found. It would seem from these observations that the relation of influenza to pneumonia is that of a predisposing factor only. The results of his investigations were rather negative. Rikert¹² in bacteriological studies of five cases of influenza, three with, two without pneumonia, showed that the only species constantly present was the streptococcus pyogenes. The diplococcus pneumoniae he did not find at all. He very guardedly suggests the possibility that the streptococcus, in association with some unknown peculiar atmospheric condition, may cause the disease. Whether this be true or not he would lay stress upon the probable importance of the streptococcus in inducing various complications.

The contagiousness of the influenza has been thoroughly discussed. Trudeau¹³ in charge of the Adirondack Cottage Sanitarium for Consumptives fearing that an attack of the prevalent influenza might be disastrous to the many consumptives, quarantined the place against the disease, as soon as it appeared in the neighborhood. His patients escaped, though it was very prevalent about them. To offset this, Armstrong¹⁴ reports having treated over two hundred cases without taking the disease, but did have it at a much later period when he was treating no cases at all. d'Hoste¹⁴, surgeon to the Saint Ger-

11. N. Y. Med. Record, Feb. 15, 1890.

12. Deutsche Medicinische Wochenschrift, Jan. 23, 1890. N. Y. Med. Record, Feb. 15, 1890.

13. The Sanitary Inspector, 1890. N. Y. Med. Record, April 26, 1890.

14. N. Y. Med. Record, Mar. 1, 1890.

main Steamship, reports that vessel left Saint Nazaire, December 2, 1889. December 5, a passenger embarked from Madrid where the influenza was raging. The next day the passenger was taken ill, four days later the doctor, then a servant. From December 12 to January 7, 154 out of the 186 passengers and 17 men of the crew became afflicted with the malady. The epidemic was slight and no deaths. Hence the conclusion that la grippe is a manifestly contagious and transmissible malady, and that not only in its grave complications as established by Prof. Bouchard but also in its simple and benign form.

The varieties of the fever itself are divided into three groups by the Vienna correspondent of the *Medical Press*.²¹ Those with pure nervous symptoms as headache, pains in the limbs, neuralgic pains in the trunk as in pleuritis. The respiratory and pulmonary mucous membrane normal as well as alimentary canal. This form is the most common and has on many occasions been diagnosed as typhoid. 2°. The catarrhal form: bronchial catarrh, sneezing continued several days after the fever subsides. 3°. Gastric catarrh of the alimentary tract with persistent vomiting. This writer gives the temperature as rising rapidly to 104°, 105° F., (40°-40°.5C.) It remains at this height about two days and rapidly falls. The duration of this fever is usually three days, seldom five or six. Little alteration of the spleen is observed. Convalescence is variable and seems to depend upon the intensity of the attack. Relapses are not uncommon.

Shattuck¹⁵ found the most striking feature of the disease the prominence and frequency of the nervous symptoms; the predominance of these on the whole over catarrhal, respiratory, or abdominal. He is inclined to think, however, that this is partly due to the fact that of late years our attention has been directed more to the part played by the nervous symptoms in the various diseases. Pneumonia was unusually prevalent during the height of the influenza epidemic. Statistics of large mills where great numbers of hands were employed show that about forty per cent. had the influenza and that less than fifty per cent. of those severely attacked by influenza acquired pneumonia. Pneumonia followed the influenza in

15. N. Y. Medical Journal, June 14, 1890.

such a large proportion of cases that some sort of a connection was proven between the two affections. Guiteras¹⁶ in a large dispensary practice found only about ten per cent. suffering from nasal catarrh; about two per cent. suffering from an intestinal form of the disease having the same general symptoms as the others with the exception that the catarrhal symptoms of the stomach and bowels have been most marked and have shown themselves in vomiting and diarrhœa; severe frontal headache seems to occur in all cases. Pains in orbits and eyeballs were only marked in about ten per cent. of the cases. Pains in bones and muscles were complained of in about forty per cent. of the cases. Pepper¹⁷ thinks there is much evidence to show that the exceptionally severe pains about the chest with pains in different parts of the body in this disease might be considered partly due to general neuritis or perineuritis of varying degrees of intensity. It would seem that the view of the infectious origin is strongly supported by many facts. The existence of such neural trouble has been made clear in a number of cases by muscular and sensory sequelæ. Such a condition of the intercostal and respiratory nerves and possibly of the pneumo-gastrics themselves may be invoked to explain not only the chest pains, but the extraordinary weakness of the respiratory murmurs noted in so many pneumonia cases.

A valuable report is made by the secretary of the Massachusetts State Board of Health.¹⁸ Ratio of general population attacked forty per cent., industrial establishments employing large numbers 35.5 per cent., inmates of public institutions 25 per cent., ratio of persons employed and obliged to leave their work 27 per cent.

The urology of influenza is discussed by Chappelle.¹⁹ He says that according to Hayem all influenza patients have urobilin in excess in their urine. Hurchard finds a constant diminution of phosphates. Fernet on the other hand finds an increase in both urates and phosphates. Cautrelet ascertains that in the urine of these patients there is some hyperacidity and some increase of indican. Chappelle finds constantly

16. N. Y. Med. Record, Jan. 4, 1890.

17. Medical News, July 5, 1890.

18. N. Y. Med. Record, Dec. 13, 1890.

19. Lyon Medical, June 1, 1890. Dublin Journal Med. Science, 1890. Journal Am. Med. Association, Aug. 23, 1890.

hyperacidity, and excess of phosphoric acid and richness in coloring matter. Indican he found four times in the two specimens examined. He did not find urobilin in excess but generally below normal, nevertheless all the urine examined was rich in chromogens sometimes called urorosein. In two cases he met with skatol. Lesions in the spinal cord are described by Foa.²⁰ There were numerous hæmorrhagic foci found on microscopical examination, notably in the upper two-thirds of the dorsal and the upper portions of the cervical regions, chiefly situated in the posterior columns, almost always at the periphery. Degenerative foci were found, mostly in the lateral columns. He thinks these due to an occlusion of the vessels probably caused by an accumulation of micro-organisms.

Hysterical symptoms following influenza are reported by Grasse, of Montpellier. A similar case is reported by Trouseau. Ranzier reports a case of hysteria in the male following la grippe, the patient being a soldier, æt. twenty-eight, of previous good health. A case of Ménière's disease, aural giddiness, provoked by influenza is recorded by Money,²² who believes it a common occurrence for influenza to disturb the balancing nervous apparatus. He thinks the most probable suggestion to be an effusion into one semicircular canal, but which one he is unable to determine. It seemed a peculiarity of the nervous discharge to cause vomiting, micturition and defecation.

Alopecia areata following influenza is reported by Williamson.²³ A widow and her seven children all had the influenza at the same time. The mother had severe headaches which continued for a long time and were followed by the loss of hair, which resulted in baldness in patches over the course of the supra orbital and occipital nerves and the skin was very tender to the touch. Each patch exhibited the usual characteristic signs of alopecia areata.

Aural and cutaneous complications in influenza are discussed by Eitelberg²⁴ who states that during the recent epidemic in Vienna he had seen at least a hundred cases of such

20. British Med. Journal, 1890. Journal Am. Med. Association, Aug. 23, 1890.

21. Lancet, April 26, 1890. Analectic, May, 1890.

22. Lancet, May 3, 1890. Analectic, July, 1890.

23. Lancet, June 7, 1890. Analectic, July, 1890.

24. Wiener Medicinische Presse, 1891. Brit. Med. Journal, July 19, 1890. Therapeutic Gazette, Aug. 1890.

complications. Although very painful, the patients spending sleepless days and nights from the agonizing pains shooting through the head and shoulders, the cases as a rule ended in complete recovery in a comparatively short time. The average duration was from eight to ten days. Urbantschitsch²⁴ found among numerous cases, one of vegetation. In two cases the mastoid process was transiently affected and in two others the deafness remained for a certain time after the inflammation had subsided. Schwimmer²⁴ and ²⁵ expresses the belief that the streptococcus is the cause of the erythematous and erysipelatous skin affections, which are met with in influenza. Extensive erythema were observed in St. Petersburg; in Paris erythematous skin inflammations, and occasionally also papular eruptions in Berlin and Vienna. Erythema, herpes and urticaria. Lœwenberg²⁶ reports in Paris a considerable increase in inflammatory aural troubles, the most common form being the classical acute otitis media. None proved fatal and all were easily amenable to treatment. Considering the easy transmission of catarrhal affections from the nose to the eustachian tubes and even the drum, none need wonder at the spread of ear diseases.

Aphasia following influenza is reported by Poole²⁷ in the case of a young woman who had just been confined. Diffuse enlargement of the lymphatics, especially enlargement of the bronchial glands even advancing to suppuration is reported by Todd²⁸ as occurring in cases in his city, viz.: Pottstown, Pa. Kinnicut²⁹ has found obstinate and acute neuralgias as sequelæ in many cases, most frequently implicating the trigeminal and sciatic nerves. He has seen two cases of peripheral neuritis of moderate severity, but unaccompanied by atrophic symptoms. The mental depression so prominent a manifestation has associated with it an occasional suicidal impulse. Two cases of herpes zoster, one of vaso-motor paresis: Convulsions were noticed in children. Guiteras²⁹ writes concerning the dermatoses of influenza. The most important he finds to be the erythema which occurs in certain cases, and which so particularly marks them that he gives it the name

25. Orvosi Hetilap, 1890.

26. Therapeutic Gazette, Feb. 1890.

27. Edinburgh Med. Journal, Aug. 1890. Analectic, Aug. 1890.

28. Medical News, July 5, 1890.

29. N. Y. Med. Record, Feb. 23, 1890.

of influenza erythematosa. This so closely resembles scarlet fever that a very careful diagnosis is required to differentiate them. Herpes labialis was found in several cases, principally in the catarrhal form of the disease. Miliaria in the papular form. Urticaria has occurred in the gastric form.

The treatment of la grippe and the difference between that which prevailed during the second winter from and that of the first, is the subject of a discussion participated in by Childs³⁰ and nine others. They used quinine, Dover's powders, phenacetine, salicylate of sodium, salol, and digitalis. The editor³¹ of the *Medical Press and Circular* mentions the treatment of the Russian Hospitals, as antipyrine grains ten, codeine grain one-sixth with a little bicarbonate of sodium. A spray of wine of ipecac and a dose of Dover's powder at bed time has the credit of aborting the disease. Quinine and tonic meat and wine preparations are very useful, after the acute stage has passed and the patient enters upon a limp and protracted convalescence. Dujardin-Beaumetz³² and other Paris physicians used quinine, also exalgine and analgesine. Hurchard³³ says the severe nervous prostration requires alcohol and quinine and in bad cases even injections of caffeine and ether. In the neuralgic or rheumatoid form of influenza, antipyrine fifteen grains, combined with the bicarbonate of sodium 7.5 grains is recommended every four hours, or instead of antipyrine, phenacetine or salol seven grains. Guiteras³ highly recommends whisky to counteract the great prostration and digitalis where the heart is weak.

Electricity in the treatment of the neuralgic and rheumatic pains of influenza has been remarkably successful in the hands of Worthington.³³ In some cases the relief was immediate and permanent. The pains in the back, groins and sternum, of which so much complaint has been made, yield at once to thirty or forty cells of Leclanche's battery.

Shrady³ says in a valuable editorial review of the epidemic, that we have on the whole passed through as well as could be expected, and better than was feared. There has been a good deal of suffering and many have to mourn for those whose

30. Southern Med. Record, Jan. 1891.

31. Medical Press and Circular, Dec. 25, 1890. Therapeutic Gazette, Aug. 1890.

32. Revue Generale de Clinique de Therapeutique, Dec. 12, 1890. Therapeutic Gazette, Feb. 1890. Lancet Dec. 21, 1889. Medical Record, Jan. 11, 1890.

33. British Med. Journal, 1890. Journal Am. Med. Association, June 23, 1890.

sufferings are past; but there is less of this than might have been and now that the enemy has gone, we may congratulate ourselves that his guns were not so large as we feared they were when we first heard their echos from a distance.

AUTOMATIC MENSTRUAL GANGLIA—A NEW THEORY OF MENSTRUATION*. By FREDERICK B. ROBINSON, M. D., Toledo, Ohio.

The views contained in this paper are that menstruation is governed by nervous ganglia situated in the walls of the Fallopian tubes and uterus. I have designated these nervous structures as *automatic menstrual ganglia*. As a deduction of this theory, tubal motion and tubal changes will be counted the most marked phenomena of menstruation.

The question may be asked, What is a nervous ganglion? A nervous ganglion is a collection of nerve cells. Its constituents are nerve cells and nerve fibres. It is an ideal nervous centre having a central, conducting, and peripheral apparatus. A ganglion is a little brain, a physiological centre. It has the power of receiving sensation and transmitting motion. It is automatic in itself. It possesses the power of nourishment and controls recreation. Reflex action can be demonstrated in it. What are called motor, sensory, and sympathetic nerve fibres are found in its composition. The peculiar feature of a nervous ganglion is rhythm. It performs cyclical movements. It has a periodical function which continually waxes to a maximum or wanes to a minimum. It lives a rhythmic life. Its periods of action vary from a few seconds to a month.

The proof of the existence of the ganglia in the tubes and uterus from analogy.—All hollow viscera have ganglia in their walls. Histologists have long known that many viscera possess ganglia which have automatic power. The names of Bidder, Schmidt, Ludwig, Remak, Meissner and Auerbach are associated with the discovery and description of these visceral ganglia.

(a) I have satisfied myself many a time, in vivisection on dogs and other animals, that the heart has nervous centres or ganglia, which will continue to act independently of their cerebro-spinal connection. It is not only clear that the heart has automatic ganglia, but that nearly all these ganglia are

* Read before the Chicago Gynecological Society, June 19, 1891.

centered in the walls of the auricles. I have often watched the heart's action gradually die out from apex to base. We know by experiment that the heart will perform its cycle of contraction independent of its external connection. These automatic nervous ganglia situated in the wall of the heart keep up its rhythm, its cyclical action, its periodic movements. They explode oftener than once a second. I have severed the heart from its attachments in some animals and watched its beating cease, when, if left alone, it would be still forever; but by applying stimulus to the ganglia, the heart would again perform its rhythm. It would beat and explode just the same as when it was connected to the cerebro-spinal system. Hence, few observers doubt that the ganglia of Remak, Bidder, Ludwig and Schmidt sustain and control the rhythm of the heart. One can prove by experiment that there are several ganglia situated in the auricle by cutting pieces out of its wall. If these pieces are stimulated they will go through a distinct rhythm.

(b) A large number of experiments on the intestines of animals (especially the dog) convinced me distinctly that the intestines are enclosed with automatic ganglia in a similar manner to the heart. These ganglia are called the plexus of Auerbach and the plexus of Meissner. If a dog is killed and the abdomen opened in a room of 75°, the intestines can be induced to perform peristalsis for an hour after death by tapping them occasionally with a scalpel. As soon as the intestines are exposed to the air or become tapped with the scalpel, they begin to go through wonderful vermicular movements resembling a moving bundle of angle worms. I have often demonstrated the peristaltic movement of the intestine an hour after death, so that it can be stated that the automatic ganglia of the bowels will perform their rhythm independently of the cerebro-spinal centre. I have found the intestines in autopsies invaginated, and from the non-congested and non-inflammatory condition of the gut wall I had no doubt occurred entirely after the patient's death. This non-inflammatory telescoping of the intestines in dying subjects is called the "invagination of death." It can be perfectly demonstrated in a dog's intestines fifteen to thirty minutes after he is dead. Hence, the nervous bulbs studded over the plexus of Auerbach and the plexus of Meissner are the automatic ganglia, which in-

duce, sustain, and control the rhythm of the intestines. The vigorous rhythmic exercise or explosion of the intestinal ganglia is what causes colic, and in bowel obstruction occurring in patients having thin belly walls I have observed this with perfection. The intestinal rhythm caused by the ganglia can be beautifully seen in the defecating gut of a patient on whom colotomy has been performed. I have never seen the cause of the pain in angina pectoris very satisfactorily explained. I would suggest that it is colic of the heart, caused by abnormally vigorous action of the heart's automatic ganglia; that the desperate pain in angina pectoris is due to the excessive exercise or abnormally vigorous, irregular rhythm of the automatic ganglia situated at the base of the heart. Hence, clinically, no doubt, we see the abnormally vigorous rhythm or irregular rhythm of the heart in what is called neuralgia, or spasm of the heart, or angina pectoris. The ganglia offer the best explanation. Clinically, we see in the intestines the exercise of Auerbach's and Miessner's ganglia in various diseases. In colic and bowel obstruction we see an excessively vigorous, irregular action of the ganglia. We note an excessively irregular action of the ganglia in the desperate, painful colic of children, which I believe amounts in many cases to an invagination with subsequent spontaneous disinvagination. It may be noted that irregular action of the bowel ganglia occurs in children where the cerebrum is insufficiently developed to force the ganglia of Meissner and Auerbach into the subjection and thus secure a regular rhythm of the gut. We also see irregular ganglionic action in the bowel where the cerebrum is diseased and hence has lost a controlling influence. In chronic constipation and in the paralysis of the gut during peritonitis we see the disease of the ganglia producing such loss of power that the ganglia can not initiate or sustain sufficient peristalsis to expel the bowel contents.

(c) The same statement can be made relative to the bladder. It is supplied with two kinds of nerves. One kind is the cerebro-spinal. The other kind is the sympathetic nerves, which especially go to the body and summit of the bladder. These nerves are studded over with ganglia which may be styled automatic vesicular ganglia. These ganglia are closely associated with the blood vessels and walls of the bladder, and have an influence in controlling the rhythm of the cyst.

As an example to demonstrate the action of the automatic ganglia in the bladder, I took from the bladder of a stag, weighing fourteen hundred pounds, the bladder, penis, and rectum. In twelve hours after it contracted quite small. I then dilated it, and thirty-six hours after it had again contracted smaller than ever and would not contain half a pint of fluid. This bladder continued its rhythmic action for more than forty hours. It is not mere elasticity, as one can watch the rhythm of segments. It can be well demonstrated by injecting its blood vessels with red fluid and then watching it for a day, when the slow, cyclical rhythm can be plainly seen. The sacral spinal nerves preponderate at the neck of the bladder and endow it with sensation. They likely hinder it from rhythm, while the body and summit of the bladder is mainly supplied with sympathetic nerves. They give it blunt sensation. But the summit and body of the bladder are the parts endowed with ganglia, and they are also the parts endowed with cyclical rhythm.

If a rubber bag is inserted into the bladder and then filled with fluid, having its external end connected with a mercury gauge, it can be plainly seen that the bladder undergoes intermittent contraction. It will demonstrate its rhythm. Clinically, this rhythm can often be observed in retention of urine. The filling bladder will periodically make vigorous efforts to expel its contents, and the pain felt at those times can be easily mistaken for colic. Hence the bladder is endowed with automatic ganglia, which are mainly situated in the walls of the body and summit, especially localized along its highways of nutrition (blood and lymph tracts). These ganglia preside over the rhythm of the bladder.

(d) The analogies of the heart, intestines, and bladder are quite apparent, and can reasonably be carried to the uterus and tubes. They are all hollow organs. The tubes and uterus are no exception to the other abdominal viscera. What is said in this paragraph is the result of examination of over seven hundred uteri, tubes, and ovaries of woman, cow, pig, sheep, and dog. Some of the examination was carried on during the life of the animal, and in quite a number of cases I noticed the action of the tubes in living woman during operation. Much of the work was done on freshly butchered animals, where the organs were removed before the general

muscular twitching had ceased. My first distinct attention was drawn to the idea that the heart, intestines, uterus, and tubes acted similarly by observation in the slaughter house. Dr. C. S. Miller and myself were watching the slaughter and evisceration of a cow weighing fifteen hundred pounds. The cow was in the eighth month of pregnancy. The butcher amputated the large uterus, containing the calf, a little above the internal os. I noticed that the amputated portion of the uterus containing the calf went through a peculiar series of rhythmic motions. But the interesting scene was the amputated stump left on the body of the cow. The stump was about six inches long and three inches thick. This stump performed its peculiar rhythm long after the cow was dead. It slowly described circles and arcs with diameters varying from an inch to four inches. Each muscular layer of that thick uterus worked in perfect harmony. No uterine layer of muscles interfered with any other. Every part of the uterine stump seemed to work with intelligence or a kind of quasi-judgment during the rhythm. At one time the circular muscular layer would go through a slow but distinct rhythmic circle before any other muscle layer would begin. Then, gradually, the longitudinal muscular layer would begin to act, and the end of the stump would describe a rhythmic circle and thus it continued to repeat the rhythmic action until we left an hour after. During the activity of the stump the most striking example of the action of the two muscular layers of the uterus could be seen, for while one layer worked vigorously the other remained still. Another striking example to show that the hollow uterus has its own automatic ganglia may be observed by taking the uterus out of a cow immediately after death. The uterus should be that of a multiparous cow, because such have long, thick, tortuous, helicoid arteries. Now carefully inject the utero-ovarian arteries with red fluid. Observation will easily detect rhythm in the segments of this uterus for some forty hours after death under a 75° room. The rhythmic waves that pass over the uterus will shift the fluid from one segment to another, so that the quantity of fluid is not uniform in each segment. The rhythm sometimes takes place very slowly. This phenomenon is not elasticity. But, clinically, the rhythm of the pregnant uterus has been known since the art of obstetrics began. My purpose here is simply

to draw attention to the independent action of the uterus from a cerebro-spi al connection, and to show that the uterus has automatic ganglia like other hollow viscera.

Labor will take place under profound anæsthesia. Children have been expelled from the uteri of dead women. All this is due to the nerve apparatus of the uterus. Some Frenchman severed the spinal cord of a pregnant sow below the brain, thus paralyzing all the voluntary muscles which aid in the parturition, yet the sow had her pigs. The uterus drove one pig into the vagina, but as the abdominal muscles were paralyzed the pig had to be driven out by the second pig, which was pushed against the first by the contracting uterus.

(e) The Fallopian tube is simply a continuation of the muscular walls of the uterus, but not of endometrium. The endometrium seems to be a temporary gland whose duration of active life is the menstrual period. The analogy of the hollow tube of the intestine or heart is very close. Nearly all the original work done on this subject was in relation to the tubes, for I consider them the most important organ in menstruation. The object of menstruation is to get an egg from the ovary to the interior of the uterus. This can be done by a properly prepared Fallopian tube. It seems to me that menstruation begins and ends in the tubes, and that the importance of the tubes overshadows all other organs in menstruation. When the tubes begin their rhythm the girl has arrived at puberty. Tubal motion is a sign of womanhood. When the tubes begin their cycles it is a heraldic sign that the gland called the endometrium is prepared to nourish an ovum. The endometric gland is no doubt often prepared to nourish an ovum before tubal motion or menstruation, and from the examination of nearly eight hundred ovaries I am fully satisfied that ovulation goes on from before birth until the end of life, or until the germinal epithelium is worn out. Actual observation of animals convinced me of that. One can see no changes in the ovary at puberty except that of increased vascular supply. I never could find any periodicity, nor signs of it, in the ovulation of woman, cow, or sheep. The ovules simply ripen progressively and burst when they are mature, whether that be at menstruation or at other time. I am sure they often burst by mere mechanical accident. Hence it does seem that menstruation and ovulation are two different pro-

cesses. Two statements may then be made relative to an egg being carried into the uterus. First, when the tube goes through its menstrual rhythm it may secure an egg, if it happens to be ready and bursts.

Second, the tube may secure an egg, if its fimbriated funnel becomes glued on to the ovary at a point where there is a maturing ovum.

2°. The proof of the existence of the ganglia in the tubes from direct observation and experiment.

If a female dog is taken and well anæsthetized and her abdomen opened, the short white Fallopian tubes can be found just posterior to the kidney, at the abdominal end of the double uterus. Two important matters will be observed—first, the *condition* of the tube; second, the *position* of the tube. If the animal is not in rut, which is very analogous to menstruation, the tubes will be very white, small and still. They are very much contracted, and the fimbriated end generally lies as far from the ovary as the fimbria ovarica will permit. In short, in the intermenstrual time non-congestion and position of the tube at the period of rut is wonderfully changed. The tube is very much swollen and elongated; it is dark blue, from, especially, venous congestion. The surrounding blood vessels are enlarged, tortuous, and distended. The tube shows convolutions and turtuosities plainer now than at other times. The tube having become longer and thicker, its entire position is changed. The strip of (muscular) tissue which connects the fimbriated end of the tube to the ovary has shortened, and the funnel mouth of the Fallopian tube is closing unto some portion of the ovary. At the climax of the menstrual rhythm the fimbriated mouth of the tube is often glued or cemented on to the ovary by a kind of glairy exudate. The careful examination of nearly eight hundred tubes satisfactorily demonstrated to me that the tubes go through a distinct rhythm at menstruation. Menstruation is a periodic cycle of the tubes. The tubes go through a peristaltic or vermicular motion exactly analogous to the intestine. Now, there is only one kind of apparatus which produces a *rhythm*, and that is a ganglion. Hence the tubes go through a rhythm, and they must be influenced by a ganglion. The changes in the tube at puberty are as follows: (a) It assumes rhythmic movements. (b) Its muscular wall increases. (c) Its vascularity is much in-

creased. (d) It straightens out and loses its corkscrew or spiral shape of foetal life. (e) Its epithelium becomes ciliated. (f) Its gross activity appears mainly at the abdominal end. The automatic menstrual ganglia during their rhythm produce such changes in the tube as will best prepare it to float an egg from the ovary to the uterus. As the rhythmic peristalsis of the tube reaches its climax the tube becomes thicker, longer, and its calibre wider. The fimbria ovarica shorten and draw a tubal funnel over a part of the ovary. The tubal walls become deeply congested, and the *lumen of the tube becomes filled with fluid, so that an egg can float through it*. A dry, contracted tube with a narrow lumen offers difficulties for the passage of an ovum. If the epithelium of the tube is so altered by disease that it does not secrete fluid, the egg may not be able to float through the tubal canal, but may become arrested in its passage, causing ectopic pregnancy. The reason why an egg does not get into a child's uterus is because the tube is deficient in motion, the fluid in its interior, and ciliated epithelium. The ciliated epithelium whips an egg into the uterus by means of a fluid medium. The rhythm of the tubes, caused by the ganglia, prepares them for their function. This is done by first drawing the mouth of the tube over a part of the ovary; and, second, by flooding the lumen of the tube with serous fluid. Of course it will be only accidentally that the mouth of the tube will cover a matured ovum. The vast majority ovulate into the peritoneal cavity. Ovulation is a whole life process, while menstruation, or rather tubal rhythm, lasts about thirty years. The almost entire separation of the tube from the ovary is peculiar to the higher animals, and no doubt lessens the chances of excessive reproduction. In the hen the ovary and oviduct are continuous. The active explosion of the automatic menstrual ganglia are the most marked at the abdominal end of the oviduct. By direct experiment it is easy to make the tubes perform their rhythmic, vermicular movements for half an hour after their removal from the living. The tubes of a cow, sheep, dog or pig can be kept going in a warm medium by stimulating or pinching them, just in the same manner as pinching the heart or tapping the intestines will keep up the movements of those organs in vivisection. I have made this experiment many times on the normal tubes of woman where they were removed for various causes. While

the operation is going on one can see the tubes going through a rhythm from mere manipulation. As soon as a woman's tube is removed, if it be normal, one can make it begin to form a rhythm by pinching it. The two muscular layers of the tube will work separately before the eye. The external longitudinal muscular layer shortens the tube, while the internal circular muscular layer narrows the tubal lumen. A woman's tube will keep up this rhythmic motion for about half an hour, if pinched or stimulated in a medium of seventy-five per cent. salt water (which is a very good medium).

The large range of movement of a woman's tube under stimulation is very marked, and the vigorous manner in which the two muscular layers of the tube work is very noticeable. If the circular layer is well stimulated, it will contract with such vigor as to resemble a pale, contracted band around the point of irritation. The endometrium may be looked on as a temporary gland whose duration of life is the child-bearing period. So the automatic menstrual ganglia which govern the rhythm of the tubes and make fecundation possible are only temporary ganglia, at least so far as function goes. The automatic menstrual ganglia begin their functional life in the incipient tubal motion. This is not the only organ that acts merely at a definite period of life, though the organs exist anatomically during the whole of life. The thymus gland is largest at birth. The thyroid gland becomes most active in girls about fifteen. The sebaceous glands of males spring into functional activity at about eighteen. When the menstrual ganglia of woman begin to cease their functions forever, the sebaceous glands of her face assume an active function, and a beard results. The salivary glands do not act for three months after birth. No doubt the woman's facial sebaceous glands existed always, anatomically but not functionally. It has appeared to me for some time that there exists some relation between the testicles and sebaceous glands in the male, as there does between the automatic menstrual ganglia and sebaceous glands in females.

Whether the rut of animals and the menstruation of woman is the same or different processes we will not discuss now. But the function of the ganglia and their actual rhythmic process would be precisely the same in either case. In mammals a tubal rhythm with its associated changes is almost a necessity

to transport an ovum from ovary to uterus. I could not observe any difference between the state of the tube and relation of its mouth to the ovary in animals in rut and the menstrual process of woman. The gross anatomy of both processes appeared identical.

Premenstrual Pain.—The pain immediately preceding menstruation is generally not well understood. I have observed that many gynecologists of the present day attribute the premenstrual pain to the uterus. They say the pain is due to the mechanical obstruction to the menstrual fluid. These views may occasionally apply to cases. But we will hold that the main premenstrual pain is due to an excessive action of the tubes or a too vigorous rhythm of them. The automatic menstrual ganglia are over-excited and act irregularly. The excessive stimulation arises mainly from the fluid which finds its way into the lumen of the tube. The fluid in the lumen of the tube arising out of its congested state acts like a foreign body and excites tubal action. The ganglia become immoderately excited in tubes whose lumen is partially or wholly closed. The vigorous attempts of the tubes to expel the fluid confined in their lumen produces well-known agonizing pain. Time after time I have examined women with distended tubes, when the patient would repeatedly tell me that the pain excited by the examination would last for hours. The distended tubes were simply excited into peristalsis by irritation of their ganglia. Dyspareunia, so frequent in tubal disease, is not merely a story of pain at the time of connection, but of pain that endures for hours. Part of the pain is due to trauma or irritable nerves, but the worst pain is caused by setting in motion the vermicular action of the diseased tube. The confined fluid in the tubes excites them into peristalsis, just as irritating substances excite the intestine into painful peristalsis. If an intestine, through obstruction, can not expel its irritating contents, the picture of pain is almost identical with premenstrual pain. In fact, I have often wondered whether I was dealing with intestinal or tubal colic. It must be remembered that a muscle governed by sympathetic ganglia acts quite differently from muscle governed by spinal nerves. One is slow and rhythmic, while the other is rapid and more spasmodic.

Anatomical.—The distribution of the sympathetic nerve

supply and the spinal nerve supply to the uterus and tubes strengthens the theory of automatic menstrual ganglia. Anatomists agree that the uterine sympathetic plexus branches off to supply the uterus and tubes above the point where the sacral spinal nerves join the sympathetic chain. The sympathetic plexus of nerves with its ganglia supply the upper portion (body and fundus) of the uterus and the whole of the tubes, while the sacral spinal nerves mainly go to the cervix. Now, it is very likely that the (sacral) spinal nerves have little to do with any rhythm or cyclical action. It is quite probable that they hinder rhythm. They would thus influence the cervix to live a steady life. The ganglia on the sympathetic uterine and tubal plexus, on the other hand, are possessed of a peculiar property, cell rhythm, so their ganglia would endow the uterus and tubes with rhythm. This agrees with observation that the body and fundus of the uterus and the tubes are the main part of the genital tract involved in menstruation, while the cervix and vagina, mainly supplied with spinal nerves, remain fairly still. These ganglia mainly follow the blood vessels and the tortuous helicoid arteries supplying the uterus and the tubes, and, being long, give much space for ganglia to exist. The ganglia no doubt control blood supply by regulating the calibre of the artery and the stay of the blood in the veins.

3°. The microscope, or sometimes a large lens, will demonstrate the existence of the ganglia on the plexus of nerves going to the uterus and the tubes. The nerves show unevenness. At places they coalesce into masses, and the microscope demonstrates their ganglionic character. I have frequently been able to trace the nerves showing distinct bulbs on the posterior part of the uterus. Histologists have some time ago shown that little ganglia existed in the walls of the uteri of animals. But space forbids further discussion here. Every visceral organ has its own supply of sympathetic ganglia brought to it on the walls of the blood vessels. Each visceral organ requiring it has its own established cycle initiated in primordial life. The rhythm becomes strengthened by differentiation into special organs and repetition.

It seems to me that knowledge of the various visceral ganglia will render the function of those organs and their diseases more intelligible. To intelligibly minister to an organ diseased one must know its pathology. The treatment of

any disease comprehends part if not all its pathology. To me the various actions of the heart under varying states and pressure of the blood is more intelligible with some knowledge of the automatic ganglia which control its rhythm and motion. A knowledge of the functions of the cardiac ganglia clears up many an obscure problem and explains the heart's action under varying conditions. The same may be said of the ganglia of Meissner and Auerbach in rendering intelligible intestinal peristalsis. So a study of what may be termed the automatic menstrual ganglia will perhaps throw more light on the action of the tubes and uterus—organs around which woman is built both mentally and physically. We suggest that the rhythmic function of the endometric gland, its nidation and denidation, has not been neglected to be a part of menstruation, but space forbids discussion.

The ganglia in the uterus and tubes of woman generally induce a cycle once a month during their functional activity. The ganglia explode monthly. In the lower animals the automatic uterine and tubal ganglia explode in periods which correspond to the cycle of the rut. It is here concluded that whether rut and menstruation be the same or different processes, they are governed in their *rhythm* by the automatic uterine and tubal ganglia.

Will these automatic ganglia aid in explaining the function of the uterus, tubes, or ovary after surgical or other destructive procedures on any one of the three? I think they will. The menstruation is closely connected with the nervous system, and that, too, with the sympathetic it has rhythm, is a common observation. Nerve disturbances disturb menstruation and its rhythm. A sprain in the wrist has checked menstruation. I know a patient who while menstruating became frightened by a whistle from a train and did not menstruate for a year. Sudden changes in temperature will alter its rhythm. The mere expectation of marriage will occasionally make its rhythm regular. Marriage, by mental and physical stimulation to the genital apparatus, will often induce regular menstruation. When the nervous system is impaired in strength by wasting disease, there may not be enough vital energy to induce and sustain menstrual rhythms. Tubercular girls cease to menstruate. It is a common observation that fat persons have weak resisting powers and fat girls are notoriously irregular. In a precocious, abnormally developed girl

we may see early menstruation. In pregnancy and nursing, menstruation is arrested because the nervous vitality is expended in nourishment. The miserable and painful failure of an infantile uterus in menstruation is rather from a deficient endometrium. If vital energies are directed into different channels, or vitality gets to a low ebb, the remaining powers may be insufficient to initiate and sustain the regular menstrual rhythm.

From the views entertained in this paper, that menstruation and ovulation are separate processes, and that the automatic ganglia are situated along the oviducts and uterus and probably closely related with the ovary, it would not be expected that removal of the ovaries would cause menstruation to cease suddenly. The automatic ganglia of the tubes and the uterus are still intact and will execute their rhythm. Many gynecologists give evidence that this agrees with natural facts. Ovaries are extirpated and tubal motion continues. However, the destruction of a part of a connected complex organ soon destroys the nice balance, and nourishment of the ganglia would in time deteriorate, and then insufficient nerve vitality with lack of ganglionic harmony would fail in starting and maintaining a menstrual rhythm. Extirpation of the tubes would quite effectually aid in arresting menstruation, though not entirely, as many ganglia would be left in the uterine wall. Yet in the very plan of the machinery the tube is no doubt desired to execute more motion than the uterus, which could perform its functions while remaining quite still. By the German gynecologists, during several years' residence abroad, I was informed that removal of the tubes in a vast majority of cases caused a rapid checking of menstruation. Mr. Lawson Tait writes that the total removal of the tubes arrests menstruation in ninety per cent. of cases. It is not strange that a tube cut off two inches from the uterus will maintain the rhythm. Actual cases prove that when only the diseased ovaries are removed from women, with inflammation existing in the tubes, they are but little helped in their misery. The active organ in menstruation is the tube, and it will execute its rhythm unless removed. Ligating the tubes is not a rational method, as it will not check the rhythm.

Finally, the tubes and most of the uterus being removed, menstruation will always stop. The ovary, left without a tube, would not sustain menstruation. Cases are reported

where the tube and ovaries and most of the uterus was removed, but menstruation continued. In such cases, no doubt, a sufficient number of automatic ganglia were left to start and sustain a menstrual rhythm. In such cases I suggest that investigation of total removal of the organs and also of the reality of continued menstruation should be carefully done. Patients often call any bleeding menstruation.

I wish to thank Dr. C. S. Miller, of Toledo, Ohio, who worked so long with me on this subject, and Dr. Christopher Martin, of Birmingham, England, who kindly aided me very much in the work.

Correspondence.

QUESTIONS IN OBSTETRICS.

PHOENIX, ARIZONA, Sept. 10, 1891.

Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL :

SIRS:—Suppose a case, a widow æt. twenty-three, stout and healthy ; had borne one child ; had gone to office of a Dr. ———, on Sunday A. M. A “ sound ” had been “ passed.” Some pain and blood ; repeated on Monday A. M. Some blood came away ; more pain. On Tuesday A. M. Dr. ———. was called, and found temperature 105. Had had a chill and rigor and had peritonitis and metritis. Could bear very little pain on pressure over abdomen or the *weight of a handkerchief* caused agonizing pains. Os was rigid ; hot, antiseptic douches ordered to be injected in vagina and against os frequently. Quinine and antipyrine were given per orem. Some opium (small quantity). Dilatation not accomplished till Friday, when it was sufficient to take away the fœtus and all, and uterus washed out with antiseptic wash. Treated on general principles till her death on Monday following. Her temperature was high throughout ; patient very nervous.

Questions : 1st. Should not *dilation* have been attempted *before chill and rigor and fever* occurred ? 2d. Would it have been *wise* to dilate forcibly *after* peritonitis and metritis had set in accompanied by rigid os and extreme nervousness, and a very rapid pulse and *high temperature* ? And are not *sponge tents* an abomination and injurious ?

Please invite discussion by authorities and specialists and have published in November issue and oblige.

A SUBSCRIBER.

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DANGEROUS EXPERIMENTS.

A more or less great excitement has been occasioned by the reported inoculations of cancer by Dr. E. Doyen, of Reims, Professor Hahn, of Berlin, and others some of whom remain unknown to this day. Wherever and whenever these experiments were reported they met with universal condemnation at the hands of both the medical profession and the laity. It was argued, and very justly too, that it was essentially wrong to inoculate a human being with a malignant trouble, despite the fact that the subject already suffered from the neoplasm. What further aggravated the wrong was the fact that these experiments were conducted unknown to the patients and while they were in the helpless condition brought on by chloroform narcosis. It may be true that the demands of science are paramount to nearly everything, but even in scientific investigations a line must be drawn somewhere. While it is true that, in one sense, it is scientifically justifiable to sacrifice a few lives to save unnumbered thousands; from the standpoint of pure ethics the argument is not well taken. Moreover the very doubtful outcome of such experiments is a very strong argument against the views that they should be undertaken.

The "great" unknown of the Palatinate who successfully

inoculated thousands with syphilis, the unknown Englishman who successfully inoculated his own child with leprosy, while they may have added to our scientific knowledge, did so at such a fearful cost that their memories are desecrated by all those in whom the smallest particle of humanity finds a lodgement. The physician is above all an individual, with functions almost sacerdotal, whose duty it is to prolong human life, to free it of its ills or, unable to do this, to reduce human suffering to a minimum.

A point in connection with this and which seems to have been overlooked by nearly all the self-appointed censors of those who tried cancer inoculations is that they applauded acts nearly if not quite as unjustifiable as the ones they condemned with so ready tongue and pen. We refer to the tuberculin experiments. These were made upon thousands, publicly, so to speak and the outcome of these experiments was that they disseminated tuberculosis as a general thing. Some have even gone so far as to assert that the injection of tuberculin shortened life.

To a fair minded observer what is the essential difference between inoculating an unfortunate individual with cancer or with tuberculosis? Is it not as reprehensible to aggravate the condition of a tuberculous individual as that of a cancerous one? It is no justification, whatever, to say that it was not known that tuberculin would act in that way. Neither was it in the case of cancer grafts. The experiments in the latter, however, did one thing which should mitigate the odium heaped upon them. They confined their experiments to a few individuals. The others inoculated thousands.

So far as pure ethics is concerned neither set of experimenters was justified. A human life may be worthless in the minds of some, but there are others to whom it is very precious and these it is who are most directly interested in the results. While experimentation is the very life and soul of science, the cost is frequently so great, the consequences so grave as hardly to be compensated for by the results obtained. The day has not yet arrived and, humanity in general, has not been educated up to the ideal "scientific" standard which would overlook such things. People in general are yet so selfish as to ask why these experiments should not be exercised on the experimenters themselves.

EDITORIAL NOTES.

THE SECRET PROFESSIONEL is guarded with absurd jealousy in Germany. Very recently Dr. Greschen published a work in which he detailed a large number of cases illustrative of certain points that he wished to make. In these he gave only the initials of the names of the patients. One of them brought suit against him for violation of the *secret médical* and in spite of all that was said and done in his behalf the doctor was condemned to pay a fine of 500 francs, 8000 francs damages to the patient, and all the costs of the case, amounting to several hundred francs more. Some of the most eminent men of Germany testified in the doctor's behalf and to the usefulness to medicine of his observations. He showed that it had been customary to use initials in such cases, time out of mind, and that his books fell into the hands of medical readers alone, but all to no avail. The case was appealed and the judgment confirmed.

DR. DANIELS, of the lurid covered *Texas Medical Monthly* calls the journalistic custom of giving "reading notices" to advertisers, "journalistic *laniappe*" (*laniappe* being a creole word used throughout the Gulf states for something given a purchaser over and above what he has purchased, as a present or *douceur*). The doctor proposes to bring the matter before the Society of Medical Editors when the same meets here in October. That the advertisers do take advantage of the journals in the way spoken of by Dr. Daniels is not to be denied, but we fear that the Association of Medical Editors will not be able to amend matters much. It is the habit of this JOURNAL to specify the number of "reading notices" to be given each advertiser when the contract is made, and consequently the "reading notices" are a part of the matter paid for by the advertiser.

THE PHYSICIANS OF MISSOURI owe it to themselves not less than to the pharmacists of the state, to assist the Missouri Pharmaceutical Association in its efforts to have repealed the clause in the pharmacy law allowing physicians to register as pharmacists without examinations. It would be bad enough if only "regular" physicians were allowed this privilege, but when it comes to registering as pharmacists, without examination, every homœopath, hydropath, electropath, and eclectic,

simply because he has acquired a diploma at one of their schools, we reach the very height of absurdity and injustice. The object of a pharmacy law is principally to protect the public from the danger of incompetent dispensing, yet in this clause of our law we throw the doors wide open to medical incompetents of the very worst class. Besides the law is unjust to the pharmacists, who have to stand a rigid examination before they are allowed to dispense. The physician competent to run a drug store should have no fear of the examination, and the incompetent surely have no right to inflict themselves upon a long suffering public. Let the state medical society put itself on record as against this clause of the law, and let every physician lend his aid toward its repeal.

FATHER MOLLINGER of Troy Hill, Pittsburg, who has been long posing as priest, thaumaturgist, prophet, and medicine-man, and who is said to have accumulated \$300,000 from his miraculous cures, is somewhat in disgrace, says the *Physician and Surgeon*. The inevitable nemesis which awaits chicanery has come. The blow comes from the source which more than any other sustained the reverend father's sensational pretensions,—the lay press. The so-called cures have not been found. The excuse for Mollinger's practices it is pleaded that he is a regularly graduated practicing physician, and that he not only "lays on hands" but gives medicines. This, however, scarcely excuses the ceremonies of Saint Anthony's day when numberless poor and ignorant people were induced to sacrifice their property and travel hundreds of miles for the relief of imaginary or incurable ailments. That the moral tone of the proceeding is discordant with modern ideas of just dealing is the only optimistic reflection the circumstances arouse.

THE DISPOSAL OF THE DEAD is one of the important questions affecting the living. While we are in the land of the living we can scarcely approve of the condition which leads to one being killed by the dead. The *Lancet Clinic*, after a consideration of the arguments, *pro* and *con*, feels justified in making the following suggestions, and feels that justice to the living should compel us to urge legislative action: 1.° The bodies of all persons dying from infective disease should be destroyed by the action of heat. 2.° So far

as possible the people should be educated to see and appreciate the advantages derived from this mode of disposal of the dead. 3°. All dead animals should be reduced by heat. 4°. Crematories should be established in which the price of incineration shall be moderate. 5°. Legal measures for the prevention of fraud, or the covering of crime should be enacted for the protection of the State and interested individuals.

SUCCESS IN PRACTICE depends upon some essential elements, says Dr. S. C. Gordon in the *Boston Medical and Surgical Journal*. First and most important he says, is a capacity for work, and a willingness to do it—work for work's sake, for the love of it, regardless of the immediate recompense. Unless the young man just entering the profession is willing, at all times and under all circumstances, to do any and every kind of professional work that may come to hand, he can never expect, neither has he any right to expect, success. Any case, however simple, or however poor or humble the patient, develops something, either in experience or another case. The former is most needed at this period in one's career. The young man who shows this willingness to work, for work's sake, is not usually long without something to do, neither is he long before he knows how to do it. The older men in the profession are soon to find out who are the drones among the young men; and it is an extremely simple question, who are the men to call upon whenever duties are to be delegated, or whenever advice is sought in reference to such young men. He has never had any sympathy for, or patience with, the young professional man who fails to improve any and every opportunity to acquaint himself with the every-day work of his life, simply because he could not see an immediate pecuniary recompense.

The National Association of Military Surgeons of the National Guard of the United States, held its first meeting in Chicago, September 18, last. The following officers were elected: Gen. Senn, President; Maj. Nelson H. Henry, of New York, First Vice-President; Col. E. Chancellor, of Missouri, Second Vice-President; Col. Matthews, of Illinois, Secretary; Lieut. Ralph Chandler, Corresponding Secretary; and Col. T. T. Crane, of Colorado, Treasurer. St. Louis was selected as the next place of meeting.

Microscopy.

Pseudo-typhoid Bacillus found in River Water.—Casadebat has found in the drinking water of Marseilles an organism sufficiently closely resembling the bacillus of Eberth to deceive most observers. After devoting considerable time to a study of the organism he signals the following differences. The color of the colonies is somewhat more yellow than that of the true bacillus typhoideus, and this is true of cultures in gelatin and on potatoes alike. The pseudo-organism renders peptonized broth turbid more quickly than the true organism, and the pellicle found on the surface is thicker and denser. It is also more resistant to variations of temperature. In gelatin cultures the pseudo-organism, by fission, forms on the surface at first, but after a few days beneath it, a white striation of completely granular matter, not showing any spherical colonies like those of the true organism found from the fifth or sixth day. The same difference is found when agar-agar is used as a culture medium. On white of egg the cultures of the pseudo-organism are humid and coarsely granular, while the reverse is true of the true organism. Finally, when sown on Holtz's medium (gelatin and potato juice) the pseudo-organism shows no sign of life on the third day, while the true bacillus is plainly visible (in colonies) to the naked eye on the second day.

Transformation, in vitro, of Lymphatic Cells into Clasmatocytes.—In February or March, 1890, Prof. Ranvier, of the Collège de France, read before the Académie des Sciences a remarkable paper entitled "Clasmatocytes; a New Function of the Leucocyte." This paper was translated by us and was published in the May number (1890) of this journal. Prof. Ranvier has pursued his investigations in this direction and recently read before the Académie a second paper entitled the "Transformation, *in vitro*, of Leucocytes into Clasmatocytes," which we find in the *Journal de Micrographie* and herewith translate. In order to fully understand it we would recommend the reader to turn back to the May (1890) num-

ber of this journal and to re-read the first article. The following is the second paper :

" That the lymphatic cellules of blood having passed out of the vessels by diapedesis travel away into the tissues was established by Von Recklinghausen more than twenty years ago. These cellules were distinguished by that author from the true cellules of the connective tissue, by terming the first " migratory," and the latter " fixed " cells.

I have shown in an anterior communication, that after having traversed the meshes of connective tissue these migratory cells can lose their amœboid activity, fix themselves, become immobile and acquire new properties. It is this class of cells that I have denominated *clasmatocytes*, to distinguish them from connective tissue cells with which they had hitherto been confounded, and from which they differ in origin, form, relations and in physiological and pathological role.

The observations upon which I was then forced to admit the lymphatic origin of the *clasmatocytes*, were based upon the comparison of intermediary forms. I had then never assisted, so to speak, in the transformation of lymphatic cellules into *clasmatocytes*. Now, after numerous experiments, I can say that I have been a witness of this transformation and have even produced it in a closed cell of glass, using the peritoneal lymph for the purpose. The following describes the method :

In the middle of a glass slip provided with a cavity or a ring, placed a drop of peritoneal lymph from the common frog (*rana esculenta* or *temporaria*), removed with a pipette previously sterilized by heat.

This drop or droplet must not be sufficient to fill the cell completely, and when the coverglass is put on there should be a crown of air all around the lymph. Ring the edge of the coverglass with paraffine and at once place under the microscope. You will see and recognize the red blood globule, colorless cells, spherical and immobile, and the wandering amœboid lymphatic cellules. These latter, if the temperature is kept at 15° C. (60° F.), will be in rapid motion. They present the diverse transformations already described by me (*Traité technique d' Hystologie*). The greater part of them, from the fact of their greater density, drop to the bottom of the cell and attach themselves to the surface of the glass, spread themselves out and become so thin that the observer

who has not followed them in their transformation, will lose sight of them entirely. At this stage they are very active. I have seen one multiply itself twice within an hour by direct division. Six cells grouped together in the field of the microscope at the end of forty-five minutes had thus become eleven. Keep the cell at 15° C. and the lymphatic cellules will maintain their amœboid movement. To see them immobilize and take on the complex forms which characterize the clasmato-cytes we must raise the temperature to 25° C. To do this place the slide on a metallic surface maintained at 25° C. and leave for one hour. At the end of this time one will always find certain lymphatic cellules which after having put forth tree-like processes of a greater or less length and of more or less complexity, have become immobile, condensed, so to speak, in their new form. At the side of these will be found other lymphatic cells still in full amœboid activity. Finally others will be seen with arboreal prolongments still retaining a partial movement of great slowness, and possessing slightly marked modifications of form. These modifications consist of the advancement or retreat of little excrescences, or in the displacement of introtoprotoplasmic granulations.

I have made use of two different processes for the subsequent observation of the structure of clasmatocytes resulting from the transformation *in vitro*. The first consists in fixing the elements with osmic acid and afterwards staining with hexethylic violet or violet BBBBB. In the second I fix with picric acid and color subsequently with hæmatoxylin and eosin. Only by fixing and coloring the cellules can we appreciate the varied, complicated and often strange forms of the clasmatocytes thus artificially produced. It is to be noted that the prolongations of these elements, whether produced naturally or artificially, never anastomose.

The American Microscopical Society.—The Washington meeting of this society, inaugurated August 11, was all that the most sanguine anticipated for it—a success as to the numbers in attendance, the value of the work done, and in the number of new members added. It came together as the American Society of Microscopists, and adjourned a chartered body politic, known as the American Microscopical Society, having fifty-two more members than the old society. These members were from almost every State and territory in the

Union and twenty-nine of them were practicing physicians, ten professors in colleges, and the balance were engineers, teachers, lawyers, and (one) preacher. The following is a brief summary of the proceedings:

The society convened according to announcement, on Tuesday, August 11, 1891, at 10 o'clock A. M., in the Preparatory Department of Columbian University. After an opening prayer, by Rev. R. S. L. Wood, the address of welcome was delivered by Dr. J. S. Billings, F. R. M. S., of the Surgeon General's Office, U. S. A., followed by remarks by Dr. Thos. Taylor, President of the Washington Microscopical Society. These were responded to by President F. L. James, of St. Louis, after which the Society proceeded to the regular course of business, and so continued during the regular sessions until final adjournment on Friday afternoon, August 14. During the sessions, the following papers were presented:

L. D. McIntosh—The portable lime light.

Prof. M. D. Ewell—A new form of graphological microscope. Standard glass and speculum metal centimeters.

Dr. James M. Flint—Apparatus for public and class exhibition of microscopic objects.

Wm. A. Rogers—The relations between a mikron and a wave length of sodium light.

Dr. J. Melvin Lamb—The microscope in government work.

Dr. Wm. C. Krauss—The microscope as a factor in the diagnosis, prognosis, and treatment of morbid new growths.

Dr. Veranus A. Moore—Apparatus for holding cover glasses when staining, observations on staining the flagellæ of motile bacteria.

Miss Vida A. Latham—A brief account of the microscopical anatomy of a case of chrome lead poisoning, the use of stains, especially with reference to their value for differential diagnosis.

Prof. Wm. H. Seaman—The phosphorescent organs of fire-flies.

Dr. Lucien Howe—Floating particles in the eye a source of error in microscopical observation.

Prof. Simon H. Gage—Notes on the fixation of serial sections, and the collodin method in histology.

Prof. Simon H. and Susannah P. Gage—Comparison of the epithelium of the mouth in *necturus* and *diemictelus*.

Simon H. Gage—Preparation of the fibrin filaments of blood and lymph, and of the oxyhæmoglobin crystals of *necturus*.

John Michels—The microscopical examination of pork by the U. S. Government.

J. M. Stedman—On the nervous system of a fresh water sponge.

J. M. Stedman—The killing of invertebrata in an expanded condition.

Dr. Lucien Howe—The mechanical stage used as a micrometer.

E. H. Griffith—New accessories made by additions to the Griffith focus indicator, etc.

Robert Moody—The arrangement of the muscular layers of the intestine of the cat at the junction of the large and small intestine.

Edward Bausch—A new microscope.

Dr. T. Taylor—A new revolving stage for exhibiting a large number of objects.

Dr. T. Taylor—An improved method of detecting lard adulterations.

Dr. Lyman Deck—A heliostat from a common clock works.

E. H. Griffith—Three new accessories for the microscope.

Henry L. Tolman—Hints on expert testimony.

The annual address of the president was delivered Tuesday evening, August 11, in the lecture room of the First Congregational Church. The subject was "The Microscope in the Investigation of Scorches and Burns on Textile Fabrics." (See ST. LOUIS MEDICAL AND SURGICAL JOURNAL for September, page 137.) The audience quite filled the lecture room and the discourse was listened to with marked interest and attention. The address was based upon the expert work, done by Dr. James in the now celebrated Vail case, which was tried in St. Louis in the spring of 1891. At conclusion of his remarks Dr. James was heartily congratulated by his colleagues upon the successful outcome of his work in the case.

During their stay, the members by special invitation, visited the U. S. Geological Survey, on Tuesday afternoon; the Agricultural Department, Bacteriological and Chemical

Laboratory, on Wednesday afternoon; the Army Medical Museum, and Fish Commission, on Thursday afternoon, and accepted an Excursion to Mt. Vernon, for Saturday morning. There was no working session as heretofore; it being believed that an inspection and explanation of the microscopic work done in the various departments of the government would be more instructive, interesting and acceptable to our Members.

On Thursday evening the usual Public Exhibition of Microscopes and objects took place in the Armory of the Light Battery and Cavalry troop, attended by a large and interested concourse of people. About sixty-one microscopes were set up. In an adjoining room a lantern exhibition was given by Dr. L. A. McIntosh, and Mr. W. H. Walmsley.

For several years the question of incorporation of the society has been under serious consideration by some of the leading members; this question was taken up at this meeting; and after discussion it was unanimously resolved to make application for a Charter, and a committee was appointed for that purpose. This committee went immediately to work, and before the meeting finally adjourned had obtained a Charter, under the Law of the District of Columbia. The Committee on Revised Constitution and By-Laws reported, and were discharged; a new Committee was then appointed to make such changes as were made necessary by the act of incorporations. The committee reported a temporary constitution for this year, and the executive committee were empowered to prepare a new constitution and by-laws, and present at the next meeting.

It is confidently believed that incorporating the Society will assure its permanence and greatly increase its usefulness. It has now a legal existence; can own real and personal property; and defend its title thereto; can become the donee and trustee of funds directed to be used in microscopical or other research, etc., etc., which it could not do heretofore.

It was also deemed advisable at this time to make a change in the name of the Society—it is now under the Charter, entitled the "American Microscopical Society"—which it is hoped the members will find more appropriate than the original name.

It has often been cited as a reproach to American science that it contributed nothing in the way of *original research*.

Our colleges and universities expend their energies in bringing young men just up to the point where they are ready to begin this work, and with a few recent exceptions, offer no opportunity for them to prosecute it, when qualified. Now the American Microscopical Society is organized for the express purpose of original research in a special field of science not covered by any other existing organization. It is composed of men who are actually engaged on the frontiers pushing their way into the boundless unknown territory of natural phenomena, and adding new areas to those we already own.

The Spencer-Tolles fund, now amounting to \$292.00, not yielding sufficient annual revenue yet to be used as a prize for original research as intended; two of our members believing that a prize would stimulate some investigation and redound to the honor of the society, have placed \$50.00 at the disposal of the executive committee, to be given in two prizes of \$30.00 and \$20.00 respectively, (in cash, or a medal of equal value), for the best two papers on subjects of original research presented at next meeting—the particulars and conditions of this feature will be announced shortly by the Secretary.

The report of the Treasurer shows the society to be in satisfactory financial condition. At the opening of this meeting there was \$276.99 on hand, and all debts paid. It may be stated however, that the society needs the dues of every member—money is required to carry on the work of the society, and the more that is available for the publication of the annual volume, the better the volume can be made—better for each member, and more to the credit of the society. The volume will be issued at the earliest possible date, also a circular announcing the particulars and place of the next meeting.

The officers elected for the ensuing year are:

President, Prof. M. D. Ewell, of Chicago.

Vice-President, Dr. Robt. Reyburn, of Washington.

Vice-President, Dr. R. J. Nunn, of Savannah, Georgia.

Secretary, Dr. W. H. Seaman, of Washington.

Treasurer, C. C. Mellor, of Pittsburgh, Pennsylvania.

Executive Committee, Dr. J. A. Miller, of Buffalo, New York, Prof. E. W. Claypole, of Akron, Ohio, Dr. J. M. Lamb, of Washington, D. C.

Prof. S. H. Gage was also selected as chairman of the working session we hope to hold at the Columbian Exposition

in 1893. It was felt necessary to begin in good season in order to make satisfactory arrangements.

Mr. E. H. Griffith was appointed chairman of committee on working session for 1892. Mr. Griffith has had so much experience in this department, and is so skillful and ingenious a worker himself, and that his appointment assures that the working session will be a most attractive and useful feature of the next meeting.

F. L. J.

Dermatology and Genito-Urinary Diseases.

For Gonorrhœa.—The name of the methods of treatment for gonorrhœa is legion. There seems to be no end to them, and they each and every one bear witness to the ingenuity of their inventors. Among the latest, which is of more or less doubtful value like all of its predecessors, is the following which we find in the *Journal des Maladies Cutanées et Syphilitiques*:

R	Methozin.....	gr. 56-1
	Zinci sulfatis.....	gr. 6-1
	Aquæ lauro-cerasi,	
	Aquæ rosæ.....	āā 3 2-1

M.

This is to be used as an injection according to directions.

Dermatitis Harpetiformis.—Dr. George Thomas Jackson describes a case of this stubborn disease in the *Journal of Cutaneous and Genito-Urinary Diseases*. In December, 1890, he saw John, a driver, aged twenty-three. He had had the disease for fourteen years, and had been under the care of many physicians. When seen the outbreak was of some weeks' standing. He stated that he was never free of some evidence of the disease. It then involved the trunk and extremities, the face being free and having never been involved. The eruption was of the papulo-vesicular type, the vesicles being in well-marked groups. There was much pruritus. Following the suggestions made by Duhring in 1890, the author ordered inunctions of sulphur ointment in the strength of two drachms to the ounce of pure lard, and in seven days he showed a vast improvement, and in less than a week more, he had gone out in a condition he considered as well as good.

This report is good as far it goes; but it is a well known

fact that this trouble is prone to relapses and has a tendency to disappear spontaneously for short periods of time. A case which I saw a year ago, in a middle-aged woman, is apparently cured. The medication consisted of small doses of Fowler's solution with wine of iron internally, and the use twice daily of campho-phenique. It is months now since a relapse occurred, but it is far from certain that a permanent cure has been effected.

Unique Case of Syphilitic Infection.—We find the following in the *New York Medical Record*, and it is given for what it is worth. Dr. M. Kleiner writes that Miss C. B., a female domestic, of good character, consulted him on account of a sore on the upper lip. The appearance of the lesion warranted a diagnosis of chancre, this opinion being verified by the appearance, later on, of the general secondary eruptions and concomitant symptoms. The patient stated she had applied for chapped lips some vaseline which she found in the room of a young man boarding at the house where she was employed. Investigation revealed the fact that the vaseline had been applied to the primary syphilitic lesion of the penis. The case is reported as another instance of the many peculiar methods of syphilitic infection.

To my mind it seems much more probable that the young man in question had mucous patches of the lips and that he kissed the girl. It is not only a more reasonable explanation but one which the French would designate as more *vraisemblable*.

The Early Treatment of Syphilis.—The readers of the *JOURNAL* are probably aware of the fact that I am opposed to the specific treatment of syphilis at the appearance of the chancre. Dr. H. C. Demnitz in a paper on the premature diagnosis and premature treatment of syphilis (*Medical News*) states that he believes it to be rather a disadvantage than a benefit to to begin general treatment at once, and therefore, even when the diagnosis of chancre is positive, he confines himself to local treatment, unless there are special and urgent reasons for pushing inunctions or internal medication. If the diagnosis of chancre be mistaken, the mercurials are injurious, and at the same time they forever mask the diagnosis, and the patient can never feel safe. A cloud hangs over him; he imagines every pimple and every ache some new manifestation of a disease he

never had ; he is in fact often more miserable than the man who has had his early symptoms, and has been reassured by seeing the prompt effect of proper treatment.

And this is what is called giving the patient the benefit of the doubt ! So far as the doubt is concerned, early treatment certainly confers it ; as to its benefit, we leave it to others to determine.

An Epidemic of Tinea Trichophytina Cruris.—Not long since an epidemic of ringworm of the thigh occurred among the members of the house staff and the nurses in a Philadelphia hospital. The starting-point of the epidemic was in the person of one of the members of the staff, but the spread of the disease to the nurses, other members of the staff, and some of the officials of the hospital, was difficult to explain. It was suggested that it may have occurred through the medium of the laundry, the linen of the house staff being washed in the same machines and on the same day, that of the nurses and officials in the same machines but on different days. This is a charitable explanation on the part of the *Medical Record*, but it does not seem to fit the case as exactly as could be desired by a searching investigator.

Paget's Disease of the Glans Penis.—Prof. Pick, of Prague, some time ago reported to the Deutsche Medizinische Gesellschaft of that city (*Prag. Med. Wochschr.*) the case of a man who had had eczema of the glans penis for one and one-half years. The surface exuded considerably, become ulcerated, and finally displayed nodules. In addition there seemed to be present a tendency to the proliferation of epithelium. As phimosis was present, circumcision was practiced, in the hope that this would remove the condition. Some improvement followed, but the nodules recurred. These were removed and on examination psorosperms were found. This led to the diagnosis of Paget's disease. The peculiar, small round-celled infiltration of eczema was also present. Nothing is said of the final disposal of the case ; but evidently nothing but amputation of the diseased part could be done considering the advance made by the process.

Dermatol.—This remedy is highly extolled by many writers. Among the latest is Rosenthal who has made quite a glowing report of its action before the Dermatological Society

of Berlin (*Monatshefte fuer Praktische Dermatologie*). Its principal qualities are that it is non-toxic, antiseptic, painless, odorless, and it encourages granulations besides being of a drying nature. The author employed it successfully in a large number of affections, notably chancre and chancroid, in balanitis, in bubo operations, in ordinary surgical wounds, in old ulcers, in eczema, in gangrene of the penis, etc. It may be employed in powder form or rubbed up with some fatty excipient. In experimental researches made upon various microorganisms it was found that plate cultures would not succeed in those cases in which the powdered dermatol had when previously distributed over the nutrient medium.

Precocious Syphilitic Bright's Disease.—Lecorchè and Talamon publish a very interesting study upon this subject in *Médecine Moderne*. They arrive at the following conclusions: 1°. Syphilis, in its secondary period, may, in a precocious manner, similar to scarlatina, pneumonia, typhoid fever or other microbic disease, induce a diffuse nephritis characterized by all the symptoms of acute Bright's disease. 2°. It follows that there exists an acute syphilitic Bright's disease just as there is a scarlatinal one. 3°. The name of precocious Bright's syphilis is a better appellation for this secondary syphilitic manifestation, than that of renal syphilis, because it gives a better idea of the general condition of the patient, which is that of a subject attacked by Bright's disease and not simply albuminuria. 4°. The appearance of the lesions of the kidney are those of large soft kidney, spotted grey and red, and have no special characteristics of syphilis. 5°. The lesions, like all those of acute nephritis, may pass on to the chronic state and probably terminate in one of the final forms of Bright's disease. 6°. However, precocious Bright's syphilis is essentially characterized by its curability under the influence of appropriate treatment, a curability which is at least equal to that of scarlatinal nephritis. 7°. This appropriate treatment is that of all secondary syphilitic manifestations. Despite theoretical fears, it should consist solely in administration of mercury used preferably externally in the form of inunctions. O-D.

Never Bathe on a full stomach is what one of our exchanges says. We agree with our esteemed contemporary—use a bath-tub.

Excerpts from Russian Literature.

Salicylic Acid and Lime Water in Diphtheria.—In the *Saratovsky Sanitarnyi Obozr.* (*The Saratov Sanitary Review*: a new and valuable Russian bi-weekly, edited by Dr. I. I. Molleson, of Saratov), No. 11, 1891, p. 354, and No. 12, p. 395, Dr. Petr A. Nedzwiecki, of Serdobsck, highly recommends the following formula.

R Aquæ calcis.....3 vi.
Acidi salicylici.....3 j.

M. Sig.: To shake well before using. A teaspoonful (to a child of one year), or a dessertspoonful (to children of from two to ten), or a tablespoonful (to children above ten, and adults), every hour, day and night, later on, as the improvement advances, every two, and then three hours; after a complete disappearance of pseudo-membranes, three times daily, to continue for several days.

As a rule, all urgent symptoms vanish on the second or third day of the treatment, the throat becomes quite clean within a week. During the last twelve years the author resorted to the method in forty cases of diphtheria, and lost only one patient. The latter succumbed about the end of the second week of the disease, the lethal issue being caused by paralysis of the laryngeal muscles with a consecutive mechanical pneumonia (*Schluckpneumonie* of German authors). The writer draws attention to an extreme simplicity of the method and, on the other hand, to an imperative necessity of shaking well the mixture before each dose. Salicylic acid must be present therein in the state of suspension (which detail should be mentioned by the practitioner in his prescription, since many chemists add biborate of soda to dissolve the acid.)

Mercury in Glanders.—Following Dr. Gold's instance (*Vide The ST. LOUIS MEDICAL AND SURGICAL JOURNAL*, July 1889, p. 55; and June 1891, p. 366), Dr. Mikhaïl K. Kondorsky, of Kakhovka, Crimea, has resorted (*Vratch*, No. 31, 1891, p. 714), to mercurial inunctions in a severe case of acute glanders, referring to a peasant, aged twenty-nine, with symptoms of two weeks' standing. The daily quantity of

gray mercurial salve varied from one to two and one-half drachms. The total quantity rubbed into the patient in the course of sixty-five days amounting to *one pound one ounce and three drachms*. All subcutaneous abscesses were duly opened and washed out with a one to five hundred solution of corrosive sublimate, all ulcers similarly disinfected with the lotion, then painted with nitric acid, and dressed antiseptically. Chlorate of potash was also used in the form of gargle (to counteract the effects of mercury). On the seventy-second day the patient was discharged as cured. The mercurial treatment was borne perfectly well except the sixty-second day when some stomatitis developed, which disappeared after discontinuing the frictions for a few days.

Traumatic Hæmatoma of the Testicle.—Dr. I. I. Tolpyho, of Kalüga, relates (*Khirurgitcheskaia Letopis*, July and August, 1891, p. 87), the following rare case: A middle-sized and badly-nourished soldier, aged twenty-three, while lifting up a big tubful of water, suddenly felt an acute pain about his left groin. Shortly afterwards he noticed that his scrotum began to steadily swell. On examination by the author a couple of hours later, the left half of the scrotum was found to be as large as a new born infant's head, the testicle being impalpable. The tumor was dull all over on percussion; the inguinal ring and spermatic cord presenting nothing abnormal, having excluded the possibility of inguinal hernia or hæmorrhage into the sheath of the cord, the author diagnosed a blood-effusion (from some ruptured veins of the tunica-propria), into the vaginal sac of the testicle, caused by a sudden and violent action of the abdominal muscles. For the first two days the swelling continued to increase in bulk (notwithstanding rest in bed and the application of ice-bags). On the third day Volkmann's operation was performed, the incision measuring eight centimetres in length. After removing blood clots, the cavity was plugged with iodoform gauze, the serous coat stitched to the skin, etc. The sutures were removed on the tenth day after the operation; on the twenty-second the patient was discharged well.

Koch's Tuberculin in Tuberculosis.—At a recent meeting of the Moscow Physico-Medical Society, Professor Grigory A. Zakharin made a communication (*Meditsinskoïe Obozrenië*,

No. 13, 1891, p. 881 on the subject, based on fifteen cases (twelve of pulmonary tuberculosis, one of laryngeal, one of lupus, one "doubtful"). Tuberculin was injected in gradually ascending doses of from 0.0001 to 0.006. The author lays down the following propositions: 1°. Tuberculin does not destroy either the vitality or virulence of tubercle bacilli. 2°. The injections lead to disorganization both of tubercles themselves and adjacent tissues. 3°. Superficial tubercular ulcers may occasionally heal under the influence of tuberculin. 4°. In cases of deeply-seated tubercular lesions (in parenchymatous organs, etc.), the products of disorganization are retained in the system, which gives rise to hectic fever. 5°. The destruction of deeply-situated tubercular tissues can occasionally lead to vitally dangerous lesions, such as perforation of intestine, pneumothorax, etc. 6°. The tuberculin injections do not protect from tuberculosis; on the contrary, they may favor the dissemination of tubercles. 7°. The so-called "reaction" from Koch's lymph may be dangerous by itself. Its diagnostic value is unreliable. Moreover, as a diagnostic agent, tuberculin is altogether superfluous. 8°. In a trifling proportion of cases the lymph may produce a temporary improvement in the patient's general state (amelioration of the appetite, increased metabolism), as well as in the local phenomena. 9°. Our old-fashioned remedies for tuberculosis (such as arsenic, creasote, etc.), are to be preferred to tuberculin, since while proving beneficial in initial and even fairly advanced stages of the disease, they are free from grave dangers accompanying the use of Koch's lymph.

On Purifying the Air in Rooms.—In the *Zemsky Sbornik Tchernigovskoi Gubernii*, Vol. 1, 1891, p. 93, an "Elementary School-Teacher (*Narodnyi Uchitel*)" draws attention to a very simple, cheap and very effective method of purifying the air of class-rooms which he has been practicing for the last two years. During the intermissions between lessons, while the children are playing on the street or in the yard he prepares an aqueous solution of one drachm of permanganate of potash and one drachm of tartaric acid, and sprays the mixture (by means of an atomizer) over the room. "Any unpleasant odor, however intense, disappears almost instantaneously, while in a few moments the atmosphere becomes agreeably fresh and

cool." For controlling purposes, a vessel with the solution is kept in the rooms. Be the air pure, the fluid retains its violet color; its discoloration affords a reliable evidence that the atmosphere has become contaminated.

Referring to the paper Dr. I. I. Molleson recommends (*Saratovsky Sanitarnyi Obzor*, No. 12, 1891, p. 396) trying this convenient method for deodorizing and disinfecting the air in hospital wards, dispensaries, etc.

On the Assimilation of Food Fats under the Influence of Tepid Baths.—Following Professor I. T. Tchüdnovsky's suggestion, Dr. Alexei P. Kravkoff, of St. Petersburg (*Vestnik Obshtchestvennoi Higieny, Südebnoi I Prakticheskoi Meditziny*, June and July 1891, pp. 175 and 24), has carried out an elaborate course of experiments on five perfectly healthy young men (*feldshers*, or medical assistants), aged from twenty to twenty-three, his main object being to determine the influence of luke warm (35° C.=95° F.) general baths of one-half hour's duration on the assimilation of food fats, and on the cutaneous and pulmonary aqueous losses. In each instance the observations lasted for twelve successive days, being divided into three equally long periods, during the middle of which the subject was taking one or two baths daily. The dietary consisted of chops, raw milk, butter, bread, salted cucumbers, tea with sugar, and drinking water (everything *ad lib*), the daily amount of fats ingested averaging from ninety to one hundred and twenty grammes. The following are the principal corollaries deduced by Dr. Kravkoff from his inquiry: 1°. The assimilation of fats invariably improves, the increase persisting during the after period. 2°. The body's weight always rises, the total gain (by the end of the after-bath period) oscillating between 424 and 1782 grammes. 3°. The cutaneous and pulmonary aqueous losses are augmented, the surplus varying one to forty-five per cent. and averaging twenty-one per cent. 4°. The daily quantity of urine is correspondingly diminished. 5°. After each bath the bodily temperature usually rises from 0.2 to 0.5°C. (from 0.36° to 0.90° F.).

[A paper by Dr. Zavatsky, on the effects of the baths upon the nitrogenous metabolism and assimilation may be found in the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, January, 1890, p. 43.—*Rep.*]

Berne, Switzerland.

VALERIUS IDELSON, M. D.

Medical Progress.

THERAPEUTICS.

Aristol in Tuberculosis —Dr. Nadaud states that he has obtained the happiest effects from the use of aristol in tuberculous affections. In a child of seven, for instance, affected with coxalgia with which were associated abscess and fistulæ, he injected a cubic centimetre daily of the following :

℞ Aristol.....	1
Ol. amygdal. dulc.....	100
M.	

The oil of sweet almonds was sterilized. In twenty-five days there was no suppuration. He claims equally good results in pulmonary tuberculosis.

Diuretic and Purgative Pills.—The following are given by Lancereaux with good effect according to the *Gazette des Hôpitaux* :

℞ Pulv. scillæ.	
Pulv. digitalis.	
Pulv. scammon.....	5ã gr. ss.
M. ft. pil. No. 1.	

Of these pills three to six are given daily. They are indicated in asystole and uremia.

Ozœna.—The following powder for insufflation is recommended by Cozzolino :

℞ Salol.....	25
Acid boric.....	15
Acid salicylic.....	2½
Acid thymic.....	1
Talci. pulv.....	40
Misce bene.	

To use this the nasal fossæ are first irrigated (or preferably sprayed) with a lukewarm carbolic acid solution, and the powder is insufflated.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Secondary Infection of Lymphatics from a Pre-existing Epithelioma.—Dr. Edward Vargas reports in the *Gaceta Med. de Mexico*, (says the *Satellite*), a case bearing on the possibility of secondary infection of lymphatic glands, pre-

senting the characteristics of carcinoma, and starting from a pre-existing epithelioma situated in a distant part of the body. A priest, 58 years of age, having had no disease but malarial infection during the last few years, states that seven years ago he noticed a dry, desquamating place in the palm of his left hand, about one centimetre (two-fifths inches) in diameter. Itching induced scratching, which was followed by pain. The place became ulcerated. After five years of different modes of treatment, a gland began to swell in the left armpit,—at first indolent, then growing rapidly, and causing neuralgic pains and oedema of the arm. Operated upon January 8, 1890; extirpation of axillary tumor. The wound healed within two months, but a few days later the axillary tumor began to grow again. The general condition of the patient was poor. On the left arm several warts of an epithelial character appeared. The ulceration on the hand had an uneven, papillary aspect, with hard, elevated edges, and extended between the third and fourth fingers, forming crusts quite painful to the touch. In the axilla a diffuse tumor was present, of uneven surface, hard in some places, and apparently fluctuating in others, which extended beneath the pectoral muscle, adhering to the skin in its most prominent portion; the skin was of a bluish color, indicating imminent ulceration. Oedema of the arm, swelling of the superficial veins, and neuralgic pains indicated compression of the blood-vessels and nerves.

The diagnosis was epithelioma of the hand, with diffuse malignant neoplasm of the axilla. Microscopical examination showed the latter tumor to be a true carcinoma.

The Frequency of the Localization of Phthisis Pulmonalis in the Upper Lobes.—Dr. J. West Roosevelt reported to the Association of American Physicians (*Med. Rec.*) certain work which he has done bearing upon the reasons for the frequent localization of the earliest lesion of pulmonary phthisis in the apices of the lungs. If the bacilli are carried by the air-currents we must assume the existence of some mechanical disadvantages affecting the apical parts of the lungs. It is often stated that the upper parts of the chest move less freely than the lower. This statement is, however, doubtful. Certainly in women the normal type of respiration is thoracic and the upper parts of the chest move freely, while in men the lower thorax and abdomen move most. If relative

chest expansion determines the seat of the lesion, the marked difference between thoracic and abdominal breathing ought to affect its localization. It does not, however, for phthisis in the female has its earliest seat in the upper lobes, just as it does in the male. The anatomical peculiarities of the pulmonary artery are such that it seems very probable that it is through this vessel that the bacilli pass and are thrown into the upper lobes, in the form of minute emboli, and that these are arrested at the places where the relatively large arteriole suddenly breaks up into capillaries in the lobules. The bacilli may enter the system through the systemic veins or the lymphatics. In the latter case they might be absorbed by any part of the lymphatic system, including the lymph-vessels of the naso-pharynx, mouth, large bronchi, and digestive tract, and enter the vena cava through the thoracic ducts. Having entered the right ventricle, they would be propelled with the blood through the pulmonary artery. In this vessel the momentum acquired by them would cause them to run along the upper walls of the main branches and to enter the branches which supply the apices.

Conditions Underlying the Infection of Wounds.—At the Congress of American Physicians and Surgeons Dr. William H. Welch said on this subject (*Med. Rec.*): The first, and comparatively simple, idea concerning the infection of wounds by bacteria, much in the same way as meat-broth was rendered purid by the introduction of these organisms, the speaker said, had given way to much more complex problems, and it was the province of his paper to discuss some of those questions which had grown out of the modern study of bacteriology.

Observations which he had made showed that a white staphylococcus, formerly classified as the staphylococcus pyogenes albus, frequently was present in stitch abscesses and was very commonly found in the epidermis. Another bacterium very commonly found in intestinal disease, is the colon bacillus. Fraenkel has recently reported the presence of a pure culture of this bacillus in nine out of thirty-one cases of peritonitis, and the speaker had himself found it on several occasions in wounds which had been treated aseptically. In these cases there was moderate fever, and a thin, brownish, non-purulent discharge from the wound. It is

difficult to account for the presence of the same pyogenic coccus in an insignificant pustule, in a dangerous phlegmon, and in an ulcerative endocarditis. Nor is the quantity necessary to produce suppurative inflammation the same for all parts of the body. Undoubtedly, a partial explanation of these differences is to be found in the rapidity of absorption in different localities, and in the presence or absence of additional toxic substances. Human tissues appear to respond more readily to inoculation with pyogenic cocci. Various conditions in and about a wound predispose to infection. Thus, the source, number, and virulence of the micrococci, the locality of the wound, the presence of drainage-tubes, and the handling to which the tissues have been subjected, all exert a modifying influence. Although contact-infection is the most to be feared, it is unwise to ignore the danger of air-infection, and hence more attention should be paid to the purity of the air in an operating-room and its freedom from dust. Many chemical substances predispose to infection by acting as irritants, and this is notably the case with corrosive sublimate, which Halsted has shown may produce an area of superficial necrosis, visible under the microscope, when employed in as weak solutions as 1 to 20,000. Bacteriological experiments show that in healing by blood-clot there is no danger from the presence of the clot. It is especially interesting to note that the author's experiments have elicited the fact that the white staphylococcus exists in the deeper layers of the skin, and is capable of resisting all known methods of cleansing the skin. On this account Dr. Halsted has for the past two years abandoned the use of skin sutures, using in their place subcutaneous ones, and his results have been most gratifying.

DISEASES OF WOMEN AND CHILDREN.

Best Posture in the Different Stages of Normal Labor.—Dr. H. J. Garrigues, of New York, read an abstract of a paper on this subject before the American Gynæcological Society (*Med. Rec.*) A change, he said had taken place in the customary position in which women were delivered in the United States. Now some spoke of an American (dorsal) position, as opposed to English (left lateral), while, until thirty years ago, nearly all American obstetric writers recommended the English position. In deciding the posture which a woman

should occupy during labor, we must take into consideration her comfort and safety, the child's safety, and the accoucheur's comfort, which again contributed to the mother's safety. While the child is passing through the bony part of the parturient tract the semi-recumbent position is best. The contraction of voluntary muscles and gravity cooperate with the contraction of the womb; the entrance of the head into the superior strait is favored; the stethoscope can easily be applied to the abdomen; manual pressure may be exercised on the womb. Sometimes a change of position is useful. When the vulva begins to open, the patient should be turned on her left side, and lie horizontally, her thighs at right angles with the trunk and the legs, and the lumbar region stretched. All support should be taken away from the hands and feet, and chloroform should be given. In this position the os coccyx has free scope to recede, the genitals become visible and easily accessible, while the rest of the body remains covered. The fundus uteri sinks down so that gravitation works in a direction opposite that of uterine contraction. These facts and others showed that the left lateral position offered a safeguard to the perineum. During and after expulsion of the placenta, the woman should be on her back, a position favoring Credé's method. The kneeling, squatting posture is fatiguing, predisposes to hæmorrhage, makes the use of the stethoscope difficult, nearly precludes any kind of protection of the perineum, and renders the use of chloroform impossible. In cases of lingering labor it may be tried like other positions.

The Advantages of Mixed Narcotics in Gynæcological Surgery.—Dr. John R. Reeve, read a paper before the American Gynecological Society on this subject (*Med. Rec.*). By this method he meant preceding the anæsthetic by a hypodermic injection of mixed atropia and morphine. He had used this method twenty years. Had never had a death, nor indeed serious symptom, under the form of hæmorrhage. He summarized the advantages of the method as follows: 1°. The emotional excitement was allayed. By the morphia dread and apprehension were made to disappear, the nervous system yielded readily and kindly to the anæsthetic. 2°. The anæsthetic was more rapidly and steadily introduced, the stage of excitement being brief. 3°. The feeling of suffocation during the administration of ether was much lessened. 4°.

Anæsthesia was not only more readily produced, but was far more steadily maintained. 5°. Absolute quiet was a marked feature of the mixed method. 6°. A period of quiet rest and freedom followed the operation. 7°. Vomiting, so deleterious in many ways, was lessened. He had rarely seen a case of severe vomiting after mixed anæsthesia. He had succeeded in finding records of only three deaths during mixed anæsthesia, in one of these a dangerous amount of morphine having been injected.

Mention was made to the use of this method first by Nussbaum, to the experiments of Bernard, the physiological action of atropia and morphine, etc. The combination usually had been with chloroform, but the author used one-half ether.

Dr. Sawyer had employed the combination of morphine and atropia injection with chloroform inhalation in the second stage of labor with much satisfaction and relief of suffering.

Dr. Howard said that in the hospital with which he was connected, in Baltimore, they had given up the use of chloroform after having had three deaths from it. They now used ether, preceding with an injection of a solution which included atropia and morphine.

Dr. John Byrne, of Brooklyn, N. Y., used ether after injecting a solution of morphine and atropia, and where he had neglected the hypodermic injection his patients invariably suffered from the neglect, more ether was required, there was greater violence, severer vomiting, etc.

Accidental Hæmorrhage Occurring During the First Stage of Labor at Term.—Dr. H. C. Coe (*Med. Rec.*) said, that little had been added to our knowledge of the subject since the appearance of Goodell's paper, twenty years ago. It was the writer's purpose not to discuss the entire subject of accidental hæmorrhage in the gravid womb, but simply that form which occurred during labor. This was not only the more infrequent but the more fatal form, and was rarely of traumatic origin. A case was recited.

Etiology.—The etiology was obscure. Predisposing causes were hæmorrhagic diathesis, general febrile affections, renal troubles, death of the fœtus, hydramnios, diseases of the placenta. Irregular uterine contractions had been noticed in twenty per cent. of the cases. Undoubtedly in a certain number of the cases the cause was shortness or twisting of the

cord. The accident could not be ascribed to a single etiological factor in a non-traumatic case. There was usually a combination of several.

Symptoms.—It was important to bear in mind that there were two sets of symptoms, initial and final. Most writers affirmed that the latter alone were reliable, and were recognizable too late for successful interference. But the writer believed it possible to detect accidental hæmorrhage at its inception by careful attention to the initial phenomena, especially irregularity and feebleness of the labor pains. The patient complained of pain in the lower part of the abdomen which gradually grew worse and assumed a bursting character. External palpation might at first reveal nothing abnormal. Auscultation of the foetal heart showed it feeble and irregular, showing the foetus was being subjected to some serious disturbing influence. Patient restless, but able to sit up, pulse not affected. The ordinary observer might mistake the case for one of uterine inertia. These symptoms should lead one to suspect internal hæmorrhage. External bleeding had been absent in three-fourths of the cases reported. The more advanced symptoms could readily be recognized.

Prognosis.—This was so bad that unusually favorable statistics led to the inference that the cases were not serious ones. In order to save mother and child, or even the mother alone, there must be a combination of favorable circumstances—skill and promptness of attendant, unusual resistance to shock, efficient treatment of the uterus after delivery. It should be assumed the child would perish, and all attention should be devoted to saving the mother.

Treatment.—There was much want of unanimity of opinion as to the treatment of these cases. Some advised immediate delivery, others delay. The writer disapproved of rupturing the membranes and administering ergot when there was no prospect of immediate delivery. It did not overcome the obstacle to delivery and might cause continuation of the hæmorrhage. The writer's plan was: As soon as the accident was recognized to vigorously stimulate the patient by mouth, rectum, and hypodermatically while sending for aid. Under complete ether anæsthesia the os should be carefully dilated manually, Barnes' bags being only employed when the os was rigid and patient's condition such as to allow a certain amount of dilating. The membranes should be preserved in-

tact. Perform version with unusual care. At this stage administer ergot freely by injection. A short delay before extraction in order to give the uterus time to recover its tone. If the head were engaged and the os could be readily dilated, the membranes should be ruptured at once and craniotomy performed instead of losing time to deliver with the forceps. The most important step was to prevent post-partum hæmorrhage. The hand should be introduced into the uterus, placenta and clots removed, and the cavity at once tamponed with iodoform gauze.

Prophylaxis of Complication in Scarlet Fever.—Dr. J. Lewis Smith read a paper before the American Pediatric Society (*Med. Rec.*), on "How to Prevent Complications and Sequelæ of Scarlet Fever." The author spoke of the variations of the disease in different epidemics. He wished to call attention to the complications and sequelæ which should be given preventive treatment. He advised the use of disinfectants to the fauces at an early stage of the disorder. Recent investigations have shown that bacteria are always present in the fauces and nares, and the early frequent use of disinfectants will prevent not only the local inflammation, but also the systemic infection. Among other applications he mentioned the use of solutions of peroxide of hydrogen, corrosive sublimate, and boric acid. Eclampsia in the early stages of the disease shows great irritation of the nervous system. He regarded cold externally as especially valuable because of its antipyretic effect.

The author confidently recommended aconite and phenacetin in the severe nervous symptoms which accompany high temperature and precede eclampsia. He also spoke favorably of the use of the bromides for the nervous irritability of the early stage of the disease. The rheumatism, endocarditis, and pericarditis may be made less severe and dangerous by the use of local treatment to the fauces and by antiseptic sprays. The glomeruli nephritis he regarded as due to a micro-organism, though it may be induced by cold.

SURGERY.

The Treatment of non-Malignant Rectal Strictures.—In an inaugural thesis read before the Chicago Gynecological Society, Dr. Wells Van Hook offers the following propositions as representing his personal convictions, if not the inevitable

conclusions of the arguments presented: 1.° The treatment of rectal non-malignant strictures should not stop short of the complete removal of the symptomatic and pathological consequences of the stenosis. 2.° For therapeutic purposes every case of rectal stricture should be carefully examined and referred, according to its longitudinal extent, to the category of valve-like, annular, or tubular stenosis, and, according to its pathological relations, to the class of uncomplicated or complicated strictures. 3.° Most valve-like strictures are amenable to treatment by gradual dilatation. 4.° Some of the annular strictures are sufficiently distensible to be relieved by gradual dilatation; but this treatment must, in this form of malady, be kept up indefinitely. 5.° The uncomplicated annular contractures not amenable to gradual dilatation, and the tubular strictures, below the peritoneal limit, are permanently curable by Péan's method by modified amputation, and occasionally (but not with uncertainty) by posterior linear proctotomy. 6.° Cases of stricture complicated by ulcers or fistulæ must usually be simplified by a preliminary posterior proctotomy and scraping out of fistulæ before the radical operation is attempted. 7.° Treatment by gradual dilatation, prolonged indefinitely, as is usually necessary, must be tolerated only when relief is complete and when the patient is sufficiently intelligent to comprehend its importance. 8.° forcible dilatation or divulsion is dangerous and should be abandoned. 9.° Internal proctotomy leaves a wound exposed to infection without proper dressings or drainage, and should be regarded as dangerous. 10.° External proctotomy is a valuable temporizing measure, giving free outlet to fæces and pus, and allowing the patient to recuperate in general health so as to bear a radical operation. 11.° Péan's operation is objectionable, because it permanently destroys the action of the external sphincter. 12.° Plastic operations by the introduction of a mucous flap fail because of suppuration. 13.° Colotomy should be resorted to only in those exceedingly rare cases in which there are undilatable tight strictures too high up to permit of excision, and in which anastomosis cannot be performed. 14.° If ever resorted to, colotomy should be done in such a way that the preternatural anus can be subsequently closed, if found desirable. 15.° Modified amputation of the rectum, as described, offers almost if not quite the only reasonable hope of permanent cure with-

out loss of sphincteric control in the undilatable strictures, annular and tubular. 16.^o The peritoneum is to be opened for the treatment of this condition with the same precautions as are adopted in the operation for the removal of malignant neoplasms.

Surgery of the Spine.—Dr. J. William Whiteread a paper on this subject before the American Surgical Association, (*Med. Rec.*). The following are his conclusions: 1^o. Some objections urged against operative interference in spinal traumatism, *i. e.*, hæmorrhage, frequency of absolute destruction of the cord, pressure from inaccessible fragments of bone, etc., have been shown to be unsupported by clinical facts; others were largely due to a well-founded dread of *a*, the shock, in those cases operated on in pre-anæsthetic times and *b*, consecutive inflammation, suppuration, and pyæmia in pre-antiseptic periods.

2^o. Some results of recent operative interference in properly selected cases of fractures of the spine are encouraging, and should lead to the more frequent employment of resection of the posterior arches and laminæ; *a*, in all cases in which depression of these portions, either from fracture or dislocation, is obvious; *b*, in some cases in which after fracture rapidly progressive degenerative changes manifest themselves; *c*, in all cases in which there is compression of the cauda equina from any cause, whether from anterior or posterior fracture or from cicatricial tissue; *d*, in the presence of characteristic symptoms of spinal hæmorrhage, intra- or extra-medullary.

3^o. Operation is contra-indicated by a history of such severe crushing force as would be likely to cause disorganization of the cord. The question which will remain in doubt previous to operation will usually be that of the extent of damage done to the cord, and the possibility of its taking on a reparative action. As to this, the safest rule is that which has been formulated by Lauenstein, namely, that if after the lapse of six or ten weeks there is incontinence of urine or incontinence of fæces, and especially if there is also the development and spreading of bedsores, but little is to be hoped for from the unaided efforts of nature. If, however, these symptoms are absent, and if there be the least improvement, it will be proper for the surgeon to delay operative interference still longer.

Literary Notes.

The Apothecary is a new publication edited by Dr. Oscar Oldberg and published by the Illinois College of Pharmacy. It is a monthly octavo of forty-eight pages devoted to pharmacy and will succeed in the able hands which guide its destinies.

The Fortnightly M. D. is the title of the new St. Louis journal which will issue its initial number January 1, 1892. The editor will be Dr. Bransford Lewis, formerly occupying the same position on the *Weekly Medical Review*. He already claims a large advance circulation.

The Mississippi Medical Monthly is among the latest additions to American periodical medical literature. It is a small octavo of forty-two pages, published and edited at Meridian, Miss., by Drs. N. L. Clarke and H. H. Haralson at \$2.00 per annum. We wish the new publication unbounded success. It is another indication of the spirit which is animating the "New South."

Self-Examinations for Students is a little vest-pocket book which contains 3,000 questions on medical subjects, for self-examinations. It is so arranged that each question contains the proper references to standard works in which the correct replies will be found. Any student sending ten cents in stamps to P. Blackiston, Son & Co., 1012 Walnut street, Philadelphia, will receive a copy free.

A Sixth Edition of Brubakers compend of Physiology (No. 4 of Blackiston's Quiz Compend) has appeared. It is provided with many new cuts and contains some fifteen more pages than the fifth edition. It would be difficult to compress more information into so small a space than has Dr. Brubaker in this compend, and the student will find it a reminder of all that is taught in the most compendious works on physiology or most advanced course of lectures. The price is uniform with the balance of the series, viz.: \$1.00.

The Report of the Protestant Hospital Association, of St. Louis, has come to us and it shows that institution to be in a flourishing condition. The total number of cases treated in the hospital during the past year amounts to 387. In the dispensary department the attendance has been large. There

have been treated 237 medical, 290 surgical and gynecological cases with an attendance of 2,545. In the eye clinic there have been 169 cases with an attendance of 3,963. Since the last report an addition has been built to the hospital which gave twenty-two new rooms and an excellent operating room. Some large bequests lately made will, no doubt, help in increasing the usefulness of this institution.

Auscultation and Percussion, by Frederick C. Shattuck, M. D., published by George S. Davis, Detroit, Michigan, is one of the popular monthly issues of the Physician's Leisure Library. Professor Shattuck's experience in the chair of Clinical Medicine in Harvard University qualifies him to edit a short treatise such as this. These works are not intended to supplant the more ponderous tomes but do contain the gist of what they have to say regarding the treatment of diseases commonly met with. The price, 25c. in substantial paper binding and 50c. in cloth, place them within the reach of all.

Books Received.—The following books were received during the past month and will be reviewed in forthcoming numbers of the JOURNAL.

International Clinics: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada, Edited by John M. Keating, M. D., J. P. Crozer Griffith, M. D., J. Mitchell Bruce, M. D., F. R. C. P., and David W. Finlay, M. D., F. R. C. P. Vol. II, July 1891, 8vo. pp. 356. [Philadelphia: J. B. Lippincott Company. 1891.]

Tables for Doctors and Druggists. Compiled by Eli H. Long, M. D., 8vo. pp. 133. [Detroit: Geo. S. Davis. 1891.]

Three Thousand Questions on Medical Subjects arranged for Self-Examination, With the Proper References to Standard Works in which the Correct Replies will be Found. 32mo. pp. 144. [Philadelphia: P. Blakiston, Son & Co. 1891.]

Syllabus on the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By Richard C. Norris, A. M., M. D. Second Edition. 12mo. pp. 198. [Philadelphia: W. B. Saunders. 1891. Price \$2.00.]

Pulmonary Consumption, a Nervous Disease. By Thomas J. Mays, M. D. 12mo. pp. 185. The Physicians' Leisure Library. [Detroit: Geo. S. Davis. 1891. Price 25 cents.]

Addresses, Papers and Discussions in the Section of Surgery and Anatomy, at the Forty-Second Annual Meeting of the American Medical Association. 12mo. pp. 318. [Chicago: Printed at the Office of the Association.]

Addresses, Papers and Discussions in the Section of Obstetrics and Diseases of Women at the Forty-Second Annual Meeting of the American Medical Association. 12mo. pp. 394. [Chicago: Printed at the Office of the Association. 1891.

Atti della Reale Accademia Medica di Roma, 1890-91. Vol. V, Serie II, large 8vo. pp. 599. [Roma: Tipografia Fratelli Centenari. 1891.

Melange.

The Societe Medicale des Hopitaux offers a prize of twelve hundred francs (two hundred and forty dollars) for the best essay upon the Artificial Feeding of Infants. Papers in competition must be in the hands of the Secretary of the Society before the first of July, 1892.

Every School District should employ a reputable physician to instruct the youth in the physiology and care of the generative organs. Ten lectures each year would be sufficient, and twenty-five dollars could not be more profitably spent, says the *Kansas Medical Journal*. The idea is good but can you get a reputable physician who knows enough to lecture at such prices?

What did Shakespeare Die of?—There is a tradition of very respectable antiquity, says the *Medical Times*, that he died from a fever contracted through going on a drinking bout with Ben Johnson and other boon companions. Mr. J. F. Nisbet, in his new work, "The Insanity of Genius," discusses the question from an entirely new point of view, that of pathology. In the author's opinion, Shakespeare died of paralysis or some disease akin to paralysis. The signature to the will, he holds, affords strong presumption of this, but he has also other facts to adduce in support of this theory. In 1657, Dr. Hall's medical cure-book was published by James Cooke, "A practitioner in physick and chirurgery." Dr. Hall, as is well known, was Shakespeare's son-in-law, and his book proves beyond doubt that nervous disease existed in Shakespeare's family, a fact which Mr. Nisbet considers accounts for the short average duration of the lives of its members, and the speedy extinction of the line of Shakespeare's direct descendants.

How Faith Cures.—As the majority of our readers are totally ignorant on this subject we will give them the preliminaries, such as are set down in the *Medical Visitor* by J. B. S. King. They are as follows: First. God is able to cure sickness without the use of medicine. Second. It is probable that God sometimes heals people in direct answer to prayer. Third. It is impossible to know how God does this, just as it

is impossible to tell how medicine or faith performs changes in diseased bodies. Fourth. Whether a person is cured by means of medicine or through the action of mind on body, or by direct action of God, it is God who cures. God made the medicinal qualities and the physical laws. He made the mental laws and their relation to physical laws. Fifth. The whole question then resolves itself to this: Shall God cure a person in one way or another? Shall He use any one of the many systems of medical practice, homœopathy, allopathy (*sic*), hydropathy, or shall he resort to the eclectic system? It is quite evident that the great mass of people whom God has cured have been cured in connection with medicine, whether the person cured had faith in God or not.

The American Surgical Association held its meeting in Washington in September and at the Executive Session the following officers were elected for the ensuing year:

President.—Dr. Phineas S. Conner, of Cincinnati.

Vice-Presidents.—Dr. L. McLane Tiffany, of Baltimore; Dr. Levi C. Lane, of San Francisco.

Secretary.—Dr. J. R. Weist, of Richmond, Ind.

Recorder.—Dr. J. Ewing Mears, of Philadelphia.

Treasurer.—Dr. John B. Roberts, of Philadelphia.

Member of Council.—Dr. Claudius H. Mastin, of Mobile.

The following resolution was adopted: *Resolved*, That the Association hereafter hold each triennial meeting at Washington, and that other annual meetings be held at such time and place as the Association may name.

It was decided to hold the next meeting in Boston, in June, 1892.

No More Artificial Teeth.—The *Medical Press* says that old age is robbed of half its terrors and much of its deformity by the brilliant discovery of a Moscow dentist, Dr. Zuamensky, who, according to a possibly over-sanguine Russian contemporary, has delighted the civilized world by his skill in making teeth grow in toothless gums. After experimenting on dogs, he tried the effects of his method in human beings, and the success was complete. The teeth are made of gutta-percha, porcelain, or metal, as may be desired. The root of the false tooth has some holes bored in it. Holes are now bored in the jaw, and into the hole the false tooth is stuck as is a nail in wood. In a short time a tender growth starts up the cavity of the false tooth, and this growth hardening, the tooth becomes fixed in position. These new teeth can, according to the inventor, be placed in the alveolus of a natural tooth, and thus, when the diseased tooth is pulled out a metal or porcelain substitute can be inserted in its place, without incurring any risk of transferring disease, as happened in Hunter's days, when the apparently sound teeth of poor persons when transplanted,

not infrequently conveyed disease. There are several minor inconsistencies in this statement, but it would be ungracious to look such a noble gift in the mouth, especially as, according to dentists of authority, our race is destined eventually to become edentulous.

The Seventeenth Annual Session of the Mississippi Valley Medical Association will occur at the Pickwick Theater, Washington and Jefferson avenues, St. Louis October 14, 15, 16, 1891. The program is a valuable one containing the names of many men eminent in medicine. The number of paper will be limited, so as to permit of the fullest and freest discussion of the various topics as discussed presented.

The medical profession of St. Louis well able to amuse and entertain as well as instruct. The visiting doctors, their wives, daughters, and friends are promised by them a most hearty welcome. The whole day is devoted to science and the entire night relegated to social pleasures. Time spent in St. Louis seems only too short.

Ethical questions are referred to the Judicial Council without debate and their decision is final. Other routine business is in the hands of appropriate committees and much valuable time is saved to the Association. No threadbare subjects will be discussed.

Requirements for membership are the same as those for the American Medical Association.

Dr. C. H. Hughes, 800 N. Jefferson avenue, St. Louis is the President and Dr. I. N. Love, Lindell and Grand avenues, St. Louis the Chairman of the Committee of Arrangements.

Dr. E. S. McKee, 57 M. Seventh street, Cincinnati, Ohio, is the Secretary.

Mississippi Valley Medical Association.—The following is the preliminary announcement of the programme for the Seventeenth Annual Session of the Mississippi Valley Medical Association, to be held in St. Louis October 14, 15 and 16, 1891.

1. "The Toxic Effect of Tobacco Vapor; with Report of Cases." W. Carroll Chapman, M. D., Louisville, Ky.
2. "The Management of Chronic Diseases." S. Baruch, M. D., New York, N. Y.
3. "The Ethics of Curing Consumption and other Chronic Diseases." John Ashburton Cutter, M. D., New York, N. Y.
4. "The Treatment of Typhoid Fever." Robert C. Kenner, M. D., Louisville, Ky.
5. "The Carbolates." William F. Waugh, M. D., Philadelphia, Pa.
6. "On Degenerative Processes in the Spinal Cord, Consequent upon Constitutional Diseases." Hugo Summa, M. D., St. Louis, Mo.
7. "Iliac Indigestion—Intestinal Dyspepsia—and its

Treatment by Antiseptic Agents." Frank Woodbury, M. D., Philadelphia, Pa.

8. "The Influence of Graveyards on Public Health." J. W. Carhart, M. D., Lampasas, Texas.

9. "Rheumatism and Gout in their Causal Relations to Eczema; their Management." A. H. Ohmann-Dumesnil, M. D., St. Louis, Mo.

10. "The Value of Epilation as a Dermato-Therapeutic Measure." Joseph Zeissler, M. D., Chicago, Ill.

11. "Graduation of Lenses." Dudley S. Reynolds, M. D., Louisville, Ky.

12. "The Influence of Alcohol on Vision." Francis Dowling, M. D., Cincinnati, O.

13. "Tobacco and Insanity." Ludwig Bremer, M. D., St. Louis, Mo.

14. "The Present Aspect of Cerebral Surgery." Landon Carter Gray, M. D., New York, N. Y.

15. "Forensic Aspect of Bruises and Fractures in the Insane." J. G. Kiernan, M. D., Chicago, Ill.

16. "Amputation of the Scrotum, with Report of a Case." B. Merrill Ricketts, M. D., Cincinnati, O.

17. "Observation on Urethral Stricture." G. Frank Lydston, M. D., Chicago, Ill.

18. "The Mechanical Element in Treatment of Compound Fracture." Warren B. Outten, M. D., St. Louis, Mo.

19. "A Report of a Case of Retention of Urine caused by Multiple Urethral Calculi." J. V. Prewitt, M. D., West Point, Ky.

20. "Some Observations on Rectal Surgery in Europe." Leon Straus, M. D., Louisville, Ky.

21. "A New Method of Diagnosing Obstruction in the Sigmoid Flexure." Jos. M. Mathews, M. D., Louisville, Ky.

22. "Pathology and Surgical Treatment of the so-called Strumous Inguinal Lymphadenitis." L. T. Riesmeyer, M. D., St. Louis, Mo.

23. "The Treatment of Gonorrhœa." E. C. Underwood, M. D., Louisville, Ky.

24. "Extirpation of the Thyroid, with Report of the Case." Emory Lanphear, M. D., Kansas City, Mo.

25. "Are Conservative Amputations always in the Interest of the Patient?" Charles Truax, Chicago, Ill.

26. "Sarcoma of the Dorso-Scapular Region—Operation—Recovery." George N. Lowe, M. D., Randall, Kansas.

27. "Mouth Breathing." Eric E. Sattler, M. D., Cincinnati, Ohio.

28. "Empyema of the Superior Maxillary Antrum, with only Nasal Symptoms." Hal Foster, M. D., Kansas City, Mo.

29. "A Superior Remedy for Nasal Catarrh; Campho-Methol." Seth S. Bishop, M. D., Chicago, Ill.

30. "A Case of Reflex Aphonia; Demonstrated to be due

to Pressure of the Middle Turbinate against the Septum Nasi." Hanau W. Loeb, M. D., St. Louis, Mo.

31. "Importance of Recognizing a Temporary Rachitic Condition in Infants." John A. Larabee, M. D., Louisville, Ky.

32. "A pathological Study of Pelvic Inflammation in Women." Wm. Warren Potter, M. D., Buffalo, N. Y.

33. "Observation on the Management of Uterine Tumors." Chas. A. L. Reed, M. D., Cincinnati, Ohio.

34. "Complications Following Abdominal Section." Rufus B. Hall, M. D., Cincinnati, Ohio.

35. "Obstetric Dispensaries; their Management." L. A. Berger, M. D., Kansas City, Mo.

36. "Surgical Treatment of Peritonitis." A. V. L. Brokaw, M. D., St. Louis, Mo.

37. "Temperature no Guide in Peritonitis." H. C. Dalton, M. D., St. Louis, Mo.

38. "Some Monstrosities at and after Birth." David S. Booth, M. D., Belleville, Ill.

39. "Oophorectomy vs. Donothingism." Willis P. King, M. D., Kansas City, Mo.

40. "A Successful Gastrostomy for impermeable Stricture of the Cardiac End of the Oesophagus—Subsequent Dilatation of the Strictures." Arch. Dixon, M. D., Henderson, Ky.

41. "The Nervous Equation of Pelvic Inflammation." Geo. F. Hulbert, M. D., St. Louis, Mo.

42. "Hysterectomy for Cancer." J. M. Richmond, M. D., St. Joseph, Mo.

43. "The Application of the Obstetrical Forceps." John Bartlett, M. D., Chicago, Ill.

44. "Appendicitis." W. H. Link, M. D., Petersburg, Ind.

45. "Phthisis—Beginning its Treatment." Edward F. Wells, M. D., Chicago, Ill.

46. "The Hydrotherapy in Typhoid Fever." H. H. Middlekamp, M. D., Warrenton, Mo.

47. "Hystero-Epilepsy." Howell T. Perching, M. D., Denver, Colo.

48. "Importance of Definite Strength in Mineral Waters." George F. Hulbert, M. D., St. Louis, Mo.

49. "The Time and Place for Stimulants." By Chas. H. Hughes, M. D.

Regular classified programme will be issued and sent to members and the profession generally at an early date. Titles of papers must be sent to Chairman of Committee of Arrangements before October 5th, 1891.

I. N. LOVE, M. D., Chairman,
Committee of Arrangements,
Grand and Lindell avenues, St. Louis.
E. S. McKEE, M. D., Secretary.
C. H. HUGHES, M. D., President.

Miscellaneous Notes.

A Valuable Prescription for Dyspepsia.

R Tinct. Colmoba..... 2 ounces.
 Celerina [Rio]..... 6 ounces.

M. Sig.: Teaspoonful thrice daily.

He would Expire.—Physician: "Take six of these pills every two hours for three days, and when that time expires——"

Patient:—"I suppose I shall be ready to follow the time's example."—*Pharmaceutical Era*.

W. C. JONES, M. D., Yorktown, Ill., says: Have found that S. H. Kennedy's Extract of *Pinus Canadensis* is a remedy of superior excellence in gonorrhoea. It seems to be a true specific. I first used it in a case which had withstood the action of our most popular remedies. Immediate relief and cure followed from the local use of S. H. Kennedy's Extract of White *Pinus Canadensis*.

True to his Principles.—Physician (arrived too late): "Did he struggle much?"

Widow (applying handkerchief): "Oh, no! My Daniel was not that kind of a man. He always did things the easiest way to get 'em done."—*Pharmaceutical Era*.

MASSILLON, OHIO, Sept. 14, 1891,

ANTI-KAMNIA CHEMICAL CO., ST. LOUIS, MO.

Gentlemen—"In the characteristic and excruciating frontal headache accompanying influenza, I immediately prescribe Anti-kamnia in five or six grain doses, repeated once in one or two hours, with the happiest results. I have learned to look upon it as almost a specific in counteracting this form of pain."

The above is an extract from an article on influenza read by me before the "Stark County Academy of Medicine," at Canton, O., September 1st, 1891. Very respectfully, D. S. GARDNER, M. D.

Physician.—And above all, you must avoid every form of violent exercise for some time to come.

Patient.—Can't do it, Doc; we initiate three candidates at our lodge to-night, and next week I've got to take the forty-third degree myself.

OPERA HOUSE BLOCK, Chicago, May 12, 1891.

PHENIQUE CHEMICAL CO.

Gentlemen.—I desire to express my appreciation of your new antiseptic, Chloro-Phenique. It is one of the best antiseptic and detergent preparations in the treatment of inflammatory affections of the mucous membranes, suppurative and ulcerative processes that I have so far tried. In naso-pharyngeal affections it is of especial value.

Yours, etc., G. FRANK LYDSTON, M. D.

Heart vs. Head.—Youth (pensively): "Father do you intend to break my heart?"

Father.—"Physiologists have proved that the head is the seat of the feelings. No, my son, it is your head that I intend to break."—*Pharmaceutical Era*.

Europphen.—This new antiseptic medicament designed to replace Iodoform is obtained by the action of iodine upon isobutylorthocresol. Its pharmacology and bacteriology have been studied by Siebel, and its therapeutic action, by Eichhoff.

Europphen is an amorphous yellow powder, exhaling a slight odor resembling that of saffron. It is insoluble in water, and in glycerine, and more soluble than Iodoform in alcohol, ether, chloroform and the oils. Europphen adheres better than Iodoform to the skin and to open wounds, and on equal quantity of it by weight, will cover a surface five times greater.

This iodide of isobutylorthocresol is not toxic. Dogs were found to take two to three grammes of it with impunity, and the human organism will bear one gramme of it without unpleasant phenomena save a slight feeling of weight in the stomach.

The urine of patients who had absorbed Europphen did not contain iodine.

Eichhoff employed it successfully in dressing both hard and soft chancres. He used it as a powder, and also in the form of a one per cent., or two per cent. ointment. He furthermore employed it successfully in hypodermic injections for syphilitic patients suffering from the secondary and tertiary symptoms of syphilis. These injections consisted of one gramme of Europphen to one hundred grammes of olive oil, and of this, one-half to one cubic centimetre was injected daily in one dose. Eichhoff also employed Europphen in varicose ulcer and ulcerative lupus, as well as in eczema, psoriasis and favus, in all of which, it proved to be efficacious.

Ointments containing one per cent., to two per cent. Europphen are as strong as need be used. Five per cent. ointments caused a certain amount of irritation. *La Semaine Medicale*, July 29, 1891, *Repertoire de Pharmacie*, August 10, 1891.

Puzzled.—An elderly lady who was handling a set of false teeth in the dentist's office, asked, "Can a body eat with these things?" "My dear madame," replied the consultant, "mastication can be performed with a facility almost equal to nature itself." "Yes, I know all that," answered the old lady, "but can a body eat with them?"—*Dental Jarius*.

What Preparation of Malt With Cod-Liver Oil Should be Prescribed and Dispensed?—The earnest attention of physicians is invited to demonstrated facts regarding the quality of the preparations of malt with cod-liver oil in the market determined by the report of the chairman of Committee on Adulteration of the New York Pharmaceutical Association, read at the recent 1891 meeting.*

Dr. Eccles analyzed the three best known preparations of cod-liver oil in the market, number one, Trommer's; number two, The

* Report of Prof. Robert G. Eccles, M. D., Government Chemist for the Inspection of Medical Supplies for the Department of the Interior, Official Chemist of the United Retail Grocers' Association of Brooklyn, Chairman of a Sub-Committee on the Pharmacopœia, Member of the Executive Committee of the Chemical Section of the Brooklyn Institute, Ex-President of the New York State Pharmaceutical Association, Honorary Member of the California College and State Pharmaceutical Association, and of the oldest State Pharmaceutical Association of the Nation, that of New Jersey.

Maltine Co.'s; number three, Parke, Davis & Co.'s, and reached the conclusion already arrived at by an analysis previously made of these same products by Prof. R. H. Chittenden, of the Sheffield Scientific School of Yale University, that only one of these products, and that number three was true to the claim made by its makers as to the percentage of cod-liver oil.

We quote verbatim from Dr. Eccles' report as follows:

"There are but three well known makers of this preparation, and the variation in its title renders it impossible to conceal their identity even if deemed necessary. A bottle of each was purchased in the open market, and submitted to examination for the purpose of ascertaining the percent. of oil. A rumor being afloat of some departure from honorable dealing in the composition of two of these products, sly revelations were anticipated, and we have not been disappointed. When a chemist seeks sophistication in a food or medicinal product, he never expects to find a dear article used to adulterate a cheap one. If some rumor can be credited, something like this has been laid at the door of two manufacturing establishments. What is very amusing about the matter is, the fact that one firm insists upon the truth of the charge, although our analysis acquits them of such singular conduct. Cod-liver oil is cheaper than malt extract, so that the substitution of the latter for the former could not be deemed an act of economy by any one. Every preparation should be true to its claim, whatever the cost of the respective ingredients. If a false sentiment has gone abroad among medical men, to attempt to cater to this sentiment verbally while contradicting it practically, is, to say the least, bad policy.

One of your committee has practically found that phthisical patients do well on this preparation when the proportion of oil is small, if not too small, while they do not do so well on those goods having the greatest per cent. of oil. This has been put to the test since the present examination began. Full doses, where the quantity of oil is large, were found to annoy the patient through regurgitation, whereas the smaller proportion was at once assimilated.

The label on number one claimed a composition of forty per cent. of oil and sixty per cent. of extract. It is therefore nearly twenty-five per cent. short of its own claim."

Inasmuch as the chemist of the State Dairy Commissioner of Ohio, about a year ago made a report not in harmony with these facts, which report the Trommer Co. made use of to depreciate Parke, Davis & Co.'s preparation of malt with cod-liver oil, and widely circulated with the intent of disparaging this product and advertising their own, it gives us much satisfaction to quote the opinions of these two distinguished chemists, Professors Chittenden and Eccles, in substantiation of the claims made by this well-known house, who desire to inform their friends among the medical profession that their product has sustained its reputation for excellence, and to request physicians to specify it in their prescriptions in preference to that of other manufacturers.

A complete copy of Prof. Eccles' report will be sent physicians on application to Parke, Davis & Co.

A Roland for an Oliver.—While cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than the lawyers," responded the physician.

"That is not true," said the counselor; "but doctor's mistakes are buried six feet under ground, a lawyer's are not."

"No," replied Warren, "but sometimes hung as many feet above ground."

Doctor.—You must take a teaspoonful of this medicine three times a day regularly, taking a dose before each meal, until you feel better.

Journalist.—But, my dear doctor, I can't possibly follow your directions.

Why not?

Because I don't get but one meal a day.

NEW LISBON, OHIO, Sept. 8th, 1890.

I find Febricide an excellent remedy in reducing temperature in fever, rheumatism and acute trouble generally; at the same time sustaining the patient. I know of no other combination in acute rheumatism than a Febricide Pill, together with four or five grains of soda salacylate given every three to six hours. By such combination the pain is relieved with amazing rapidity, fever abates, and the disease is cut short at once. TOM. B. MARQUIS, M. D.

Baby's Ailment.—Wife (sleepily)—What is the matter with baby?

Husband (on the walk)—I think he is suffering from an attack of yeller fever.

Dr. N. M. Gray, of Allegheny, Pa., says: I have tried Papine in two cases, and with the best effects. Both were cases of children from one to three years old, and both so complicated with cerebral trouble that I feared to use opium or any of its preparations, and yet I wished for an anodyne to control some very marked symptoms. So I tried the Papine, and am happy to say that it had the desired effect, without any of the unpleasant consequences so often following the use of the drug in any form I have heretofore used. I think it an excellent preparation for that class of diseases, and intend to use it hereafter.

"I told Dr. Wray the other day that I believed I was the only living example of his patients." "Was he embarrassed?" "Not a bit; he acknowledged it." "What did he say?" "Said he was sorry to say I was."

SAN FRANCISCO, CAL., July 17, 1890.

I have postponed acknowledging receipt of Febricide Pills so that I could note their effect in a case where I am using them. The patient is a young lady of twenty-one years, who was complaining of extreme malaise and nausea; from questioning, etc., I formed an opinion that the case was malarial and consequently exhibited the Febricide, one pill three times daily; she has been taking them now for exactly one week, and upon seeing her to-day, find that, as she expressed it, "feeling herself again." I shall prescribe these pills in the future whenever they may be useful.

CHANNIG H. COOK, M. D.

He was running a pile driver at the base of a slipping hillside. Mose had heard of him as a most efficient man in his business, and meeting him in a saloon, said: "Boss, I's troubled awful wid de piles; what you charge me to drive 'em away?"—*Gleaner*.

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Original Contributions.

CANNABIS INDICA AS AN ANODYNE AND HYPNOTIC.* BY J. B. MATTISON, M. D., Medical Director Brooklyn Home for Habitues; Member American Medical Association; American Association for the Cure of Inebriety; New York Academy of Medicine; New York Medico-Legal Society; New York Neurological Society; Medical Society of the County of Kings.

Indian hemp is not a poison. This statement is made, just here, because the writer thinks a fear of its toxic power is one reason why this drug is not more largely used. This mistaken idea lessens its value, because it is not pushed to the point of securing a full therapeutic effect. This is a fact. One of the best pharmacologists in this country not long since expressed a very touching solicitude lest the writer's advocating robust doses of this valued drug might cause a decrease in the census that would seriously imperil his professional good repute.

There is not on record any well-attested case of death from cannabis indica. Potter says: "Death has never been produced." Hare asserts: "No case of death from its use in man is on record." Bartholow affirms: "Cases of acute poisoning have never been reported." Stillé states: "We are not acquainted with any instance of death." Wood declares: "Hemp is not a dangerous drug, even the largest doses do not compromise life. No acute fatal poisoning has been reported." A prolonged personal experience, compassing the history of many cases—men and women—and hundreds of

*Read before the Medical Society of the County of Kings, September 15, 1891.

doses, ranging from thirty to sixty minims of the fluid extract, has never brought any anxiety along toxic lines.

Having thus brushed aside this bugbear, we may note, *en passant*, the statement, on high authority—Potter—that “cannabis was formerly much employed as an anodyne and hypnotic. It is now somewhat out of fashion.” Why this early repute has not been continued, is due to a cause cited, coupled with non-reliable products, and, doubtless, the coming of other analgesic-soporifics. The first cause need no longer obtain; the second can be removed by careful choosing and trial; while the last should not preclude the use of a drug that has a special value in some morbid conditions, and the intrinsic merit and superior safety of which entitle it to the place it once held in therapeutics. Digitalis, for a time, was in disuse. So, too, codeine, which my experience has proved a valued anodyne—one worthy a wider use than it has had, and which I think it will surely get—and impelled me to present the American Medical Association, at its last meeting, with a paper thereon, that I trust you have done me the honor to read.

There is a consensus of opinion among writers on therapeutics as to the anti-agrypnic, analgesic and anæsthetic power of Indian hemp. For the latter it was used prior to ether. Wood, testing it in himself, asserted “marked anæsthesia of the skin all day.” Stillé says: “Its anæsthetic virtue is shown in allaying the intense itching of eczema, so as to permit sleep.” And that a similar seemingly trivial disorder may have a serious outcome is proven by the fact that a well-marked case of triple addiction, under my care last year—a medical man who took daily fifteen grains morphine with thirty-five grains cocaine, subcutaneously, and fourteen ounces of rum—had its rise in a morphia hypodermic taken to relieve urticaria.

Stillé says: “Its curative powers are unquestionable in spasmodic and painful affections.” Noting the latter in detail, its most important use is in that opprobrium of the healing art—migraine. In a paper by the writer, eight years ago, “Opium Addiction Among Medical Men,”—*Medical Record*, June 9, 1883—in reviewing the causes, this was asserted the most frequent. Enlarged experience has not changed that opinion. A case from such cause, woman, ten years morphia

taking, thirty grains, by mouth, daily, is now under my care. A sister, so situated, from the same cause, awaits similar service; and the mother took morphia for headache till death ended her need.

Ringer says: "No single drug have I found so useful in migraine." He thinks it acts well in all forms, but seems most useful in preventing rather than arresting. He deems it specially effective in attacks due to fatigue, anxiety, or climacteric change. Dr. E. C. Seguin, in 1877, commended it highly.

Dr. Wharton Sinkler, in a paper on migraine, gives first place to cannabis, and thinks it of more value in this form of headache than any other. Richard Green, who first commended it in this complaint, thinks it not only relieves, but cures; in nearly all cases giving lasting relief.

In the *Brit. Med. Jour.*, July 4, 1891, Dr. Suckling, Prof. of Medicine, Queen's College, Birmingham, writes: "I have during the last few years been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained." He calls it "almost a specific" in a form of insanity peculiar to women, caused by mental worry or moral shock, in which it clearly acts as a psychic anodyne—"seems to remove the mental distress and unrest." After commending it in melancholia and mania he says: "In migraine the drug is of great value; a pill containing one-half grain of the extract, with or without one-quarter grain of phosphate of zinc, will often immediately check an attack, and if the pill be given twice a day continuously, the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment." In a personal note from the doctor he wrote: "I have used Indian hemp as an anodyne and hypnotic, and find it most useful in both ways. I have never seen any ill results."

Anstie commends it in migraine and the pains of chronic chloral and alcohol taking. In his work on neuralgia—the best ever written, and one which I advise every one to read—he says: "From one-quarter to one-half grain of *good extract* of cannabis, repeated in two hours, if it has not produced

sleep, is an excellent remedy in migraine of the young. It is very important in this disease that *the habit of long neuralgic paroxysms should not be set up.*"

Russell Reynolds thinks that in neuralgia, migraine and neuritis even of long standing, it is by far the best of drugs. Mackenzie has used it with success in constant all-day headache, not dependent on anæmia or peripheral irritation. Bastian and Reynolds commend it in the delirium of cerebral softening, and the latter says it calms the head pain and unrest of epileptics. In cardiac tumult, in senile insomnia and delirium, and the night unrest of general paresis, it acts well.

In some diseases common to women, hemp works well. Graily Hewitt says, that in many cases of 'uterine cancer it allays or prevents pain. Ringer asserts it sometimes signally useful in dysmenorrhœa. West commends it here. Potter states that its anodyne power is marked in chronic metritis and dysmenorrhœa; and Hare thinks it of great value in chronic uterine irritation, and nervous and spasmodic dysmenorrhœa. Donovan and Fuller claim it of value in migraine and chronic rheumatism; and Mackenzie in hay fever and hay asthma.

In genito-urinary disorders it often acts kindly—the renal pain of Bright's disease; in vesical spasm; retention of urine, and chordee; and it calms the pain of clap equal to sandal or copaiva, and is less unpleasant. The distress of gastric ulcer and gastrodynia are eased by it, and in other and varied neuralgias it serves one well. In some cases of phthisis and other cureless disease it will bring euthanasia by allaying pain and unrest.

My experience with hemp covers more than a decade, many cases and several pounds of fluid extract. It is proper to state that these cases have been solely habitués or ex-habitués of opium, chloral or cocaine. In these, often, it has proved an efficient substitute for the poppy. Its power, in this regard, has sometimes surprised me. Both sexes took it, and with some no other drug anodyne was used. One of these—a naval surgeon, nine years a ten-grains daily subcutaneous morphia taker—recovered with less than a dozen doses. My oldest female patient—sixty-four—found its service complete. Its action has varied, as some cases respond

more fully. This during the early abstinence time. Later it has done good in the post-poppy neuralgia, especially the cranial kind, and it has calmed mental pain and unrest.

As a hypnotic, Frommuller gave hemp in 1,000 cases. Success, 530; partial success, 215; no success, 253. As such in delirium tremens, Potter declares it "the best." Anstie thought it better than opium when the pulse is feeble. Phillips asserts it "one of the most useful." Tyrrell and Beddoe say the same. Suckling's opinion has been given. McConnell commends it in the insomnia of chronic cardiac and renal disease. Oxley lauds it in the insomnia of severe chorea, especially in children; the tincture "more effectual than any other hypnotic."

My own results prove it a satisfactory soporific, even oftener than as an anodyne. And this, too, under conditions that test thoroughly the power of any drug in this regard, for the insomnia of ex-poppy habitués finds its equal only in the agrypnia of the insane. With many, no other hypnotic was used. The sleep has been sound and refreshing. Many cases showed a notable influence to it as regards time—somewhat akin to sulfonal. Two hours sufficed. The first, pleasant stimulation; the second, increasing drowsiness, ending in sleep.

Again, I admit my special cases may involve a condition making them more easily subject to hemp hypnosis, but these do not preclude the wisdom of its trial with other patients in whom it may act equally well.

Writers on cannabis refer to certain peculiar effects—which, in our thinking, are more often peculiar to the patient—that may here be noted. One is a mild intoxication. I say "mild," because the hashish, assassin-like, running-a-muck form is less fact than fancy. It is said temperament largely determines the mental effect whether it be grave or gay, merry or mad. Most of my cases—when such—have been in a merry mood. Of the hundreds of times given, only once did it excite to violence. That was a young physician, six years ago, in which it came close to a personal assault on the writer that was warded off only by superior strength. The patient afterward avowed no knowledge of such a situation, was profuse in apology, and stated that once, after taking hemp simply to note results, he routed every one out of the house, including his own grandmother!

Catalepsy is a rare sequence. We have seen it once. A woman, twenty-three, brunette, small but active, took, in early evening, forty minims Squibb's fluid extract as a soporific. After playing cards half an hour, she began to be very jolly, and it was suggested she retire. Visiting her later, she was found completely cataleptic. It soon subsided, sleep followed, and no after ill-effect.

Failure with hemp is largely due to inferior preparations, and this has had much to do with its limited use. It should never be called inert till full trial with an active product proved it.

Wood thinks the English extracts best. I have used, mainly, Squibb's fluid extract. To a small extent, Parke, Davis & Co.'s Normal Liquid. They are reliable. Hare commends the solid extract made by the latter, and by McKesson & Robbins.

Merck has produced two elegant and efficient extracts—cannabinine tannati and cannabinone. They are essentially hypnotic. I show you specimens. The former has been found by Prior, Vogelsang, Mendel and others, a satisfactory soporific. Prior gave it one hundred times to thirty-five persons—the most with success. In hysteric cases not calmed by chloral or opium, it acts specially well. In the small dose of one grain it has brought sleep when one-third grain morphia failed.

Another cause of failure is too timid giving. I am convinced that the dose of books is, often too small. The only true way is, once a good extract, push it to full effect. My doses have been large—forty to sixty minims of the fluid extract—overlarge for the nonnarcotic habitués; but, as we years ago asserted, habitual poppy taking begets a peculiar tolerance of other nervines, and they must be more robustly given. Both sexes have taken them—women frequently—with no other effect than quiet and sleep. I think, for many, small doses are stimulant and exciting; large ones, sedative and quieting. They are the outcome of an experience with smaller doses that failed of effect desired. They prove hemp harmless, and they add proof to the opinion of most neurologists that, once a nervine needed, it is often better to give one full dose than several small.

The tincture—three grains to the drachm—may be given in

doses of twenty to sixty minims. The fluid extract, five to twenty minims. The solid extract, one half to two grains. Tannate of cannabin, five to fifteen grains. Cannabinone, one half to one and one half grains. Cannabinone with milk sugar, five to fifteen grains, and each repeated or increased till a full effect is secured. It is said that in women cannabinone acts twice as strongly as in men. In headache, periodical or long continued, one half to two grains solid extract may be given each hour or two till the attack is arrested, and then continued in a similar dose, morning and night, for weeks or months. It is important not to quit the drug during a respite from pain.

I close this paper by again asking attention to the need of giving hemp in migraine. Were its use limited to this alone, its worth, direct and indirect, would be greater than most imagine. Bear in mind the bane of American women is headache. Recollect that hemp eases pain without disturbing stomach and secretions so often as opium, and that competent men think it not only calmative, but curative. Above all remember the close genetic relation of migraine relieved by opium, to a disease that spares neither sex, state nor condition.

Dr. Suckling wrote me: "The young men rarely prescribe it." To them I specially commend it. With a wish for speedy effect, it is so easy to use that modern mischief-maker, hypodermic morphia, that they are prone to forget remote results of incautious opiate giving.

Would that the wisdom which has come to their professional fathers through, it maybe, a hapless experience, might serve them to steer clear of narcotic shoals on which many a patient has gone awreck.

Indian hemp is not here lauded as a specific. It will, at times, fail. So do other drugs. But the many cases in which it acts well, entitle it to a large and lasting confidence.

My experience warrants this statement: cannabis indica is, often, a safe and successful anodyne and hypnotic.

Two Druggists in Chicago were recently arrested and fined \$100 each for practicing medicine without a license.

SURGICAL CLINICS AND ANNOTATIONS. By LOUIS BAUER, M. D.,
M. R. C. S., Eng., Professor of Surgery St. Louis College
of Physicians and Surgeons.

**CASE I.—OVARIAN CYSTOMA ON LEFT, AND DEGENERATED
ON THE RIGHT SIDE—OVARICTOMY—REMOVAL OF BOTH OVA-
RIES AND TUMOR. RECOVERY.**

Mrs. Mary R. had suffered for several years from varied disturbances of sexual organs—particularly from painful dysmenorrhœa and excessive pain during sexual intercourse. The dysmenorrhœa, depending on secretions of internal os, had been relieved by incision and subsequent dilation, but the other symptoms continued without abatement. The diagnosis of a cyst having been clearly established and the sensitiveness on pressure, being recognized as the source of pain during coition, the alternative presented itself, either to give temporary relief by paracentesis or laparotomy—removing the cyst. The patient was in favor of the latter and submitted to the operation with an heroic fortitude rarely seen. The patient entered St. Mary's Infirmary and secured a suitable room at this excellent hospital. The operation was performed in the presence of a number of members of the senior class of College of Physicians and Surgeons. Dr. John W. Vaughan co-operated with me in preparing the patient and assisting most ably in the performance of the operation. The opening of abdominal cavity confirmed the diagnosis in reference to the cystoma of left ovary and disclosed degeneration of right ovary. Both were successfully removed on the 25th of September by the usual operative technique, except no sponges were used; bunches of antiseptic cotton, surrounded by antiseptic gauze were used instead, with most satisfactory results. With exception of some subcutaneous suppuration there was nothing but rapid recovery and she is now, October 10th, ready to return to her home. The after treatment was under care of Dr. Vaughan.

SPURIOUS COXITIS OF A VERY "*Tubercular Character.*"

A physician brought his son—a bright boy—from Texas. In correspondence we had reason to believe a violent case of coxitis in the third stage and of tubercular origin, since there was no traumatic history. The doctor and his son took a room in St. Mary's Infirmary and examination took place,

Dr. John W. Vaughan assisting, in the presence of a section of the senior class. Both in walking and on the table the patient presented the left limb in a bent position at both hip and knee, with increased inclination of pelvis and considerable lordosis of lumbar portion of spine. The extremity was not much lessened in size. These two circumstances rendered the diagnosis of coxitis problematic, although there was some swelling and excessive tenderness about the hip. Digital re-examination of pelvic cavity disclosed no deviation from the normal. It seemed as if there was deep-seated fluctuation about the hip, but upon deep incision nothing was found. Under chloroform there was difficulty in extending the extremity, and to move it in any direction without any increased friction in the joint or contraction of muscles. The movement of the head of femur was perfect on the acetabulum. When fully extended and placed in plaster dressing with leather splints the limb was both normal in position and length. These conditions disposed of the idea of coxitis and *tuberculosis*. The patient, the fourth day from proceedings rested perfectly comfortable and free from any disturbance. In a few days he will return home, with Thomas' splint to prevent any incidental motion of part concerned.

CASE II.—Spontaneous Dislocation of the Femur was considered in bygone times an ordinary complication in progressive coxitis. Modern investigation, however, has disclosed the error of the once prevailing opinion.

The deformity which gave rise to the theory of Rust, and which now marks the third stage of coxitis, depends exclusively on muscular reflex-contraction of the adductors and the tensor vaginæ femoris. At that period of the disease the round ligament is mostly destroyed, the cartilaginous ridge more or less disintegrated, the acetabulum corroded and disproportionately enlarged, whilst the size of the caput femoris is diminished and the capsular ligament perforated.

But notwithstanding the favorable and predisposing conditions of the articular apparatus toward dislocation, spontaneous displacement of the femur must be looked upon as a *very rare exception*.

This, at least, is my experience, and I may claim a fair share of clinical opportunities. I have seen but few cases of dislocation at the hip in ætiological connection with coxitis and

in each of them traumatism could be traced as the provokin cause. It was always of incomparatively insignificant force and could have no possible effect upon a healthy articulation. But it was *force nevertheless*, thus precluding the idea of spontaneity.

When I, therefore, read the article of Dr. Karewski, of Berlin, in No. 38 of the *Centralblatt fuer Chirurgie*, the case of "spontaneous luxation of the hip joint and the result of gonorrhœal coxitis," my interest and curiosity were naturally excited. 1°. On account of the *spontaneity of the dislocation*, and 2°. On account of the infectious cause. The latter seemed plausible enough, because the husband had contracted gonorrhœa. His wife was attacked about the same time by purulent discharge from the vagina. And the prematurely born child suffered from ophthalmo-blennorrhœa, yet the author took charge of the case several months after its initiation and then did not discover the gonococcus, being the only *positive evidence* of such a diagnosis. What renders the latter still more problematical is the *exceptional* occurrence of gonorrhœal arthritis at the hip, whilst the knee joint is claimed to be the classical ground for the colonization of gonococcus.

The author ascribes the presumable cause of dislocation to the false position allowed to the limb in *abduction-eversion* and *flexion*, both at hip and knee, but ignores the fact that such a position is the effect of intra-articular *hydraulic pressure*, which neither the attending physician nor the patient could have changed at will, unless the accumulated fluid was abstracted. And, next, such a position does not favor dislocation at all. Bearing in mind that the patient was presumably infected with gonorrhœa in the beginning of February or earlier, because the coxitis began suddenly on 9th of that month, and that Dr. K. examined the patient for the first time on the 26th of June, it would seem to be strange to find still as the crop of the infection almost five months later, purulent discharge from the vagina, colpitis hæmorrhagica, urethritis, endometritis chronica and erosion at the portio uteri. Considering that gonorrhœa in the male would scarcely extend beyond a month in spite of the constant excitation by the passage of urine and perhaps irritating injections, then it must appear far-fetched to lay at the door of that disease those symptoms and conditions after such a lapse of time.

Besides the excess of the large trochanter of Roser-Nelaton's line by 3 cm., the head of the femur was fixed and moved but slightly and under great pain when forcibly stirred; then *rough friction* was noticed.

Dr. K. deemed resection the only remedy of relief for the patient.

The round ligament was (of course) demolished, the acetabulum enlarged and occupied by granulation-tissue, while the cartilaginous lining was more or less disintegrated; the head of the femur had (as is invariably the case) passed the acetabular margin in an up and backward direction and was (riding) on a *usurated* part above it.

If this be a spontaneous dislocation it is *that of the acetabulum* rather, whilst the head of the femur inevitably follows its enlargement. In viewing the case of Dr. K. as a whole, I cannot discover anything particularly extraordinary in all its details but a coxitis of common occurrence and pathological feature.

The author cannot have seen many cases of this character.

A CASE of Prostatitis, caused by an accumulation of sunflower seed, was admitted to the Charity Hospital of Berlin and erroneously diagnosed. A careful examination revealed the provoking cause.—*Berlin Med. Wochenschor*, 1891, No. 2.

PURULENT PERITONITIS relieved by laparatomy in a little girl of four years of age.

Her malady had been ushered by fever, pain, vomiting and diarrhoea. At her admission to clinic of Prof. Henoeh at the Charité (Berlin) she exhibited a globularly distended abdomen and a granulomatous discolored and sensitive umbilicus. About 6 cm. above the latter there appeared a fluctuating protrusion, connected with the abdominal cavity by a split in the *linea alba*.

Fever and pain continuing and distension of the abdomen steadily increasing; laparatomy was deemed necessary and performed.

About 2000 ccm. of a sero-purulent fluid was withdrawn, which, however, did not reveal tubercular bacilli. The cause of the peritonitis remained obscure.—*Berliner Klinische Wochenschrift*, 1891, No. 2.

STEPP (Nüremberg) has successfully employed chloroform internally against a variety of diseases—catarrhal affections of

the digestive organs, chronic ulcerations of the stomach, croup and pneumonia, and, of late, likewise in typhoid fever. In a few days somnolence and delirium were overcome by the remedy; the tongue became moist and temperature decreased. The doctor lost one of his eighteen cases. In some of them Dr. Stepp used from ten to twenty grams (3ijss to 3v) of chloroform and observed no untoward symptoms.—*Muenchener Medicinische Wochenschrift*, No. 90, p. 45.

FRIEDREICH'S ATAXIA: ITS RELATION TO THE CONDUCTING PATHS IN THE SPINAL CORD. Abstract of a paper by DAVID INGLIS, M. D., Detroit, Mich.

At the Congress of American Physicians and Surgeons, Dr. David Inglis, of Detroit, read a paper upon the above subject before the American Neurological Association.

He reports in brief, a case of Friedreich's Ataxia in a boy of six years of age, in which the symptoms conformed accurately to Friedreich's own summary of the characters of the disease, viz: "Impairment in the combination and harmony of movements developing gradually and spreading from the lower to the upper half of the body, and always involving finally the organs of speech. Sensibility and the functions of the special senses of the brain being intact; paralysis of the sphincters and trophic disturbances are absent, less common phenomena and curvature of the spine, sensations of vertigo and nystagmus." From a clinical point of view we must regard the disease as a progressive paralysis of the faculty of combination of movements.

A review of the thirteen recorded autopsies shows a practical agreement that the pathological condition underlying the disease consists in a progressive sclerosis which affects the column of Goll; the column of Burdach also, but not so completely; the direct cerebellar tracts, with Clarke's column, in most cases, and the crossed pyramidal tract in some cases, but the sclerosis is here not so intense. We have to deal with a disease of the tracts which degenerate upward, which are usually looked upon as centripetal and as conveying sensory impulses.

Author contends that the symptoms of Friedreich's Ataxia afford a demonstration that these tracts do not convey sensory impulses upward, for sensation is not impaired, but that they are the main tracts for the conveyance of co-ordinated motor

impulses downwards; that their anatomical relations with the medulla, cerebellum and mid-brain, as well as the facts of Friedreich's disease agree in showing them to act to co-ordinate motor impulses of the mid-brain, cerebellum and higher and lower levels of the cord.

The facts of embryology strengthen this theory; at the end of the foetal life, at a time when the pyramidal tracts are undeveloped, the posterior columns and direct cerebellar tracts are complete. Their function evidently begins at once after birth. When we remember that the new-born infant is characterized, not by voluntary control of its muscles, not by accuracy of sense of perception, but by an extensive co-ordination of involuntary motor functions, the conclusion is easy, that these, the only tracts fully developed at birth, subserve these purposes.

The direction of Wallerian degeneration is not necessarily the same as the direction of normal physiological impulses in any given nerve tract.

PELVIC INFLAMMATION IN WOMEN ; A PATHOLOGICAL STUDY.*

By W. W. POTTER, M. D., Buffalo, N. Y.

The author affirmed that pelvic inflammations and their residues constitute about one-third of the diseases the gynecologist treated, hence the importance of frequent discussions of all moot questions relating to the subject. He briefly reviewed the anatomical relations of the pelvic organs calling attention to their enormous blood and nerve supply, which became both their weakness and their strength.

He contrasted the pathology of Bennet (1843) with that of Emmet (1873) and the latter with the teachings of Price, Tait, Hegar and McMurtry, of the present age. He referred to the pathological studies of Bernutz and Goupil of thirty years ago, and affirmed that the observations of the present had served to confirm the correctness of those pioneers.

He next asserted that the pathology of to-day had been established by operative surgery, which had shown that pelvic inflammation begins in the tubes or ovaries and extends to adjacent structures through absorption or by contiguity; that, it almost never begins in the cellular tissue, but may be carried there through the tubes and ovaries by infections, either specific, puerperal, or traumatic. He affirmed that the

* Abstract of paper read before Mississippi Valley Medical Association.

inflammation was in most cases a peritonitis—intra pelvic or local character—and not a cellulitis; para, and perimetritis were misleading and confusing terms, hence should be dropped; and that the so-called pelvic abscess was a sequence of salpingitis, ovaritis or peritonitis, not a primitive accumulation in the areolar tissue itself.

The tentative management in these cases—rest, counter-irritation, hot sitz baths, vaginal douches, and attention to the digestive organs and general health—resulted in only temporary improvement, or a cure in a very small percentage. Those reported cured were generally, if the history could be known, subject to repeated relapses, and a frequently recurring pelvic peritonitis usually indicated leaky tubes. Electricity too, had disappointed even its most sanguine advocate, and need not be considered.

In conclusion he asserted that if these views be accepted the logical deduction was to watch the early manifestations of the disease carefully, that competent surgical skill be invoked before the damage to important structures becomes too great to justify the expectation of successful operation.

A Shameful Case.—A writer in one of the Paris Journals gives the details of a remarkable case of morphomania. An unprincipled husband wishing to obtain grounds for a divorce from his wife, deliberately goes to work and with fiendish ingenuity finds means to get her into the habit of taking morphine so that she finally becomes a hopeless victim to the terrible drug.

How Germans Smoke.—Smoking in Germany is not a pastime; it is an art, says the *New York Sun*: The German smokes tenderly, peacefully, meditatively. He never chews his cigar. He never sets his teeth in it. He does not snatch it from his mouth when mildly excited, nor snap off the ashes ill-advisedly. He clasps it fondly. He takes it up carefully, lays it down softly, eyes it affectionately between the puffs, drops off the ashes regretfully, and finally puts his stump in a little ash-basin with a still-born sigh for “the pity of it.”

Clinical Reports.

GUNSHOT WOUND, WITH USE OF THE ELECTRIC PROBE*. By A. B. KIRKPATRICK, M. D., Philadelphia.

Mr. S. came to my office Friday, 3 A. M., October 2d. He was stage-manager for the Grand Opera Company, and is now dramatic teacher at Penn Conservatory of Music. He returned from the theatre after attending to some business after the performance, and happened to think of a loaded revolver, and thought best to remove the cartridges, and believed he had removed the last one when his wife spoke to him, and his attention was drawn from the revolver a moment, and in that instant it went off, and he received the bullet, thirty-two calibre, in the leg above the knee. The muzzle of the revolver was not more than six inches distant, and the trowser leg was blackened and scorched.

Mrs. S. urged him to go at once to the doctor, and supported and assisted him to walk the three squares, and he was nearly exhausted by the time he reached my residence.

I gave him a stimulant and probed for the bullet, and thought I located it just above the patella on inner condyle of the left femur. The probing was very painful, and I was unable to get hold of the ball with the forceps, and I did not care to give an anæsthetic and go on with the operation without assistance, so I put him to bed and gave him a hypodermic of morphine and atropine, and he slept until 8 A. M.

I sent for Drs. W. H. and C. B. Warder and for an electric bullet-probe, which I had seen a day or two before. At 11 A. M. the doctors came, and Mr. Yarnall sent a man with the probe. Dr. Warder, Jr., etherized the patient, and Dr. Warder, Sr., enlarged wound and searched for the bullet carefully. He found a rough spot on the condyle, where apparently the bullet had struck and roughened the bone, and then been deflected and passed into the popliteal region, as the course of the bullet had been downward, forward and outward.

Mr. S. is a bicyclist, and has a fine muscular development—the wound being over two and one-half inches deep. We were about giving up the search when I felt what was apparently a spiculum of bone, and to determine the fact passed the electric probe down along my finger, and with considerable

*Read before the Philadelphia Co. Medical Society, October 14, 1891.

difficulty placed it on the rough point. The alarm sounded, and we were convinced that the point was a corner of the bullet. I enlarged the wound and found it so. The bullet was buried in the bone, and the periosteum had closed over it, except a little corner as large as a pin-head, which had been turned up by the bone. We were not supplied with bone-chisel or gouge, and the bullet was below the surface of the bone, so forceps were of no use. I drew on the family tool-chest for a gouge and the kitchen for a potato-masher, which I used as a mallet, and chiselled the bone away on one side, so that I could pry the bullet out. We syringed out the wound with bichloride solution, 1 to 4000, and Dr. Warder put in the sutures and a gum drainage tube, and covered the wound with iodoform gauze, and placed it in an improvised splint of trunk board.

The operation was long and tedious, and the patient did not regain consciousness until 3 P. M. He was too weak to remove from the operating-chair until 9 P. M., at which time he walked to the next room on crutches and went to bed.

In June he had suffered from functional disturbance of the heart from excessive smoking. He did not react well after the operation, and the heart was weak and irregular, so I gave hypodermics of strychnine and atropine, and inhalation of ammonia, and used hot-water bags. There was no vomiting. He had a temperature of 101° the evening of the operation and 102° next day. The third day 101°, and the fourth day normal. He required no anodyne whatever. The day after the operation I gave calomel, ipecac and soda, followed by Seidlitz powder, which moved the bowels freely. I also gave a five-grain powder of phenacetine every two hours until the temperature fell to normal.

The day after the operation I looked at the drainage-tube, and applied fresh gauze, and the second day syringed out the wound with bichloride solution, 1 to 4000. The morning of the fifth day the stitches were removed, and their place supplied by narrow strips of plaster. The patient sat up the sixth day, and I took him home the seventh day, and he has been walking around on crutches since. Yesterday was the eleventh day, and he was at a rehearsal, and expects to begin his usual work to-morrow evening. He kindly offered to come here to-night, and Mr. Yarnall is with us to exhibit the electric probe.

Correspondence.

QUESTIONS IN OBSTETRICS.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

The above question is propounded in your October number, page 227, by a subscriber at Phoenix, Arizona, and discussion solicited from authorities and specialists; so, if the request were adhered to, the general practitioner would be left out. Yet, I cannot very well pass the subject by without saying something on the subject.

Before saying anything upon the subject proper I can but make a surmise. It seems to me, that, from the run of the correspondence, there must be a "bug under the chip," and that there is a difference of opinion between some of the physicians at Phoenix, and that the "Subscriber" is not willing to put his name at the foot of his letter to THE JOURNAL. I cannot see why he would withdraw his name if it were not as above stated.

He does not tell us whether the os was dilated mechanically or not, so we are left in doubt as to that part.

Neither does he (or she) tell us at what stage of pregnancy the woman was in, whether two or three months.

It depends a great deal upon what the patient tells us when she comes to us for an examination, as some of the best men in the profession have been misled by women when in trouble.

The physician has to be on the watch all the time for such patients. The sound should be well wrapped in absorbent cotton, dipped in some aseptic fluid, *i. e.* if criminal abortion is not intended.

It is not stated as to whether it seemed to be an intentional act or not. Yet—

"She went to her long home,
There to hide her shame."

Let this be as it may, the question is: first, should not dilatation have been attempted before the chill, etc.

Yes, if the os was rigid, "hot antiseptic douches against it" was the best way to overcome the rigidity until the os could have been dilated with some good dilator. This is the

treatment of our best men. In this case, there was some damage done the endometrium with a sound, or else the instrument was not aseptic, which produced the septic condition of the patient. It is a well known fact, to obstetricians, that a very small scratch may result in death. A rusty sound may carry with it poison enough to produce "malignant cedema," as in a case that occurred in March or April, 1887, at the St. Louis City Hospital. Prof. Bremer explained to a large number of the profession of St. Louis, at a meeting of the St. Louis Medical Society, as to how such cases progressed. See *Weekly Review*, May 14, pp. 550-552, 1887.

If the patient under consideration had been treated according to the modern methods, *i. e.*, curetting, and antiseptic washes, she would have had a far better show for her life than "upon general principles."

I have curetted the uterus when the patient had a temperature as high as 105½, and the uterus so tender that they could with great difficulty stand it, even after a fifty per cent. solution of glycerine and campho phénique was gently swabbed over the entire uterine cavity with a sound, well wrapped with absorbent cotton; and the operation has been a success. There is far more danger in a small portion of the embryonic attachment, when left in the uterus, producing death than there is in the gentle, yet thorough, use of the curette.

As to the sponge tents, they are recommended by Charpentier in such cases. See *Cyclopedia Obs. and Gynecology*, Wm. Wood & Co., 1887, vol. II.

King, in his manual of obstetrics, also recommends their employment. Still, the sponge tent is a dangerous weapon, unless carefully employed. I do not use them now at all. Slippery elm bark or root tents are far more safe.

Dr. Geo. F. Hulbert, in his criticism of Prof. Paget's lecture upon retained placenta, lays down a good rule to govern us in such cases.

He says: "Before the third month uterine contractions being always present, with slight hemorrhage, ergot, hot vaginal antiseptic douches, rest, good food; with pronounced hemorrhage or evidence of decomposition, *curette*, ergot, hot intrauterine, at first, vaginal afterward, douches." See *Weekly Med. Review*, Sept. 3, 1881, p. 257.

Of course, the patient must be closely watched, and, at the

first indication of metritis or peritonitis, if the foetus is in the uterus, the os should be dilated at *once* with Barne's dilator, Malesworth's, or some other safe means, in order to rid the uterus of the pus or contents.

As others will be apt to say something far better than I have or can, I am yours most respectfully,

CHEVES BEVILL.

Winfield, Ark., Oct. 13, 1891.

NOTE.—Intrauterine injections are often attended with great danger. They should not be employed without a recurrent tube, or unless the cervix is well dilated. The passage of water through the Fallopian tubes into the abdominal cavity has been attended with serious results. A sudden death occurred in this county last year, after a vaginal injection. The woman was in a sitting posture, over a pan; her husband threw the water into the womb with a strong household syringe.—See *Medical Record*, p. 357, Sept. 27, 1890.

State Fish Commissioners.—H. M. Garlich, Chairman, St. Joseph, Mo., Ed. Cunningham, Jr., St. Louis; J. L. Smith, Kansas City; A. C. Garlich, Secretary, St. Joseph.

OFFICE OF MISSOURI FISH COMMISSION,

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THE PERSONAL EQUATION.

Since the famous lines of Pope in which he asks who shall determine when doctors disagree, it has become a common saying that doctors of medicine are in the habit of never agreeing. We do not propose to inquire as to the truth of this, but admitting that it is correct we do not see why medicine should, in any way be held partially or totally responsible for this want of unanimity. Nor, for the matter of that, should individuals be held accountable for more than their just share in this.

If we take but a little pains to analyze the condition before us we will find that it is not one peculiar to medicine or its practice. We will find that every science, every art, in fact every vocation in life is more or less influenced by this very condition of difference of opinion or of exactness, and this depends upon conditions which have long since been recognized in the domain of higher mathematics and in certain departments of law. Why medicine should be particularly exempt we cannot see, more especially as human observation and reasoning are equally brought into play as in the other conditions we have mentioned.

However, to be more exact, we will refer to a well-known example which will illustrate our meaning in a manner at once clear and forcible. In all astronomical observatories,

one of the principal duties is the recording of the exact time that a star or planet passes the meridian. The observer watches closely and at the proper time he touches the key of an apparatus which connects with the electric clock. By means of a specially devised apparatus this time is instantaneously recorded. Now, it has been found that no two observers can record this time at positively the same exact moment. Either the time is anticipated or it is recorded a little after the absolute moment of the passage of the body observed. Of course, the difference is infinitesimal almost, still it is not absolutely correct. This difference between the absolute time and the recorded time is known as the personal equation and each observer determines accurately what this is in his case. By making allowance for this the results of calculations become absolutely correct.

To take a more familiar example, let us refer to evidence such as may be daily heard in a court of justice. It is the ordinary experience of those who listen to evidence to find that witnesses of average intelligence, who have seen the same things under the same circumstances, differ in their accounts of the same. They are honest and firmly believe that they are telling the truth yet there is frequently a marked difference in their testimony concerning salient facts. Each one is positive that he is right and it is possible that all are wrong, to a certain degree. Still there must be some reason for this diversity and it is one which is very natural when understood and one which also readily explains why doctors will disagree upon apparently very simple matters.

The principal source of a difference of opinion in the practice of medicine is in the matter of diagnosis. In the first place, we will eliminate from any consideration the individual who is not well grounded in the principles of his art. It will be readily understood that the source of his disagreement is purely ignorance and, on that account, it deserves no notice whatever. Where both parties to a consultation are intelligent, observant and acute men endowed with good judgment there will be no difference of opinion in an ordinary case. But in a case which is complicated or obscure we will find, in many cases, that the opinions will not only differ but be diametrically opposite, at times. The cause of this lies in the personal equation and this consists in what might be termed

certain idiosyncrasies, for want of a better expression. Each one observes a group of symptoms, but one will attach a certain importance to some of the members of this group which the other will totally disregard. Listen to each one's description and you are forced to agree in his conclusion. The whole matter depends upon the question as to whether the proper prominence has been given to each symptom so that when the process of grouping the whole is entered into, proper premises have been laid down from which to derive a correct conclusion. Such is the force of the personal equation in its influence upon the diagnosis, after the examination of a given case.

This constitutes one source of error. Now, let us suppose that a perfect agreement has been reached in the matter of diagnosis. It is not an infrequent occurrence for a difference to arise in the matter of treatment. This also is largely due to the personal equation. One will suggest a line of treatment based upon rational therapeutics and upheld by the results obtained in practice. The other will maintain that another method of treatment has invariably proven successful in his hands in just such cases as the one in question. Neither has ever tried the method suggested by the other and each one has been equally successful with his. How can an agreement be expected in such a case? Each one is entirely swayed by his personal equation, which he is pleased to call by the name of experience, and each one maintains with equal truth and honesty of purpose that his is the best.

Can we wonder then that doctors should disagree? Is it the fault of medicine or of those practicing it? Or is it a fault held in common by all intelligent members of the human family—that of being led, to some degree, by the personal equation? Is it possible to eliminate this factor? We think not. The nearest approach to perfection is to reduce this to its greatest possible minimum and the difference between individuals in their opinions will be proportionately reduced also.

EDITORIAL NOTES.

THE EDUCATION OF THE STUDENT formed the subject of an address recently made by Mr. Victor Horsley (*Boston Med. and Surg. Jour.*). He stated among other things that the modern student, if completely educated, is, both as a diagnostician and as a deviser of treatment, infinitely superior to the rule-of-thumb production of the old apprenticeship system,

of this Mr. Horsley is quite convinced. He should, however, secure for himself in the hospitals opportunities, not merely for practical experience, but also for taking responsibility. As a coping-stone to the educational edifice, the student should add, if possible, the great advantage of foreign travel and experience, for in no other profession—except the law—is there necessary such a profound and varied knowledge of human nature, and in no other way can it be so profitably acquired. The dangers and impediments which tend to block a medical man's progress and mar his success, after he has made a start, Mr. Horsley divides under two headings, professional and social. As far as lies in his power, the young practitioner should try to keep himself abreast of the progress in medical science, by a post-graduate course and the regular reading of medical journals. One should always do one's best, and then not be too much cast down by the miscarriage of one's hopes in a given case. Questions of mere ethics should be easily settled, but questions involving honor admit of no compromise; and blackmail should never be submitted to. One should remember, that, while he himself is a unit in a large profession, that profession is but one among various communities of men, and should, therefore, think both of what he owes to his profession and science as well as to the community at large. Finally, the medical profession is one in which honest work is sure to succeed, and in which the actual work is always interesting and always advancing.

THE PHYSICIAN AS SURGEON is a subject editorially commented upon by the *Therapeutic Gazette*. It goes on to say that physicians practising in the country and general practitioners in large cities often complain of a dearth of surgical cases in their practice. In the country naturally grave accidents are of infrequent occurrence and occasions for major surgery are few. The complaint of the city practitioner is that the best surgical cases go to the hospitals for treatment, and if he is not on the hospital staff, he is likely to fare hard for opportunities to exercise his talent and make for himself a reputation as a surgeon. Seeing little of surgery, he perhaps loses interest in that department of his profession, ceases to read in the medical journals the columns devoted especially to surgery, and eventually becomes awkward and unskillful in even the simpler operations in which he may be obliged oc-

casionally to act as principal, such as tying the large arteries for dangerous hæmorrhage, reducing a dislocated hip, putting up in splints a fractured thigh or humerus, excising a simple tumor, opening a deep abscess, or reducing a strangulated hernia. He has differentiated into a sort of diagnosing and drug-prescribing machine, and has acquired a positive disrelish, if not horror, for the scalpel. The above sketch is no libel on many practitioners otherwise excellent who may be found both in the city and in the country.

That it does not pay for the general practitioner to neglect surgical studies goes without saying. There is in a well-performed surgical operation a satisfaction which does not often attend the administration of powders and pills, and surgical specialists have little reason to complain that their practice is not sufficiently remunerative. The patient for whom one prescribes may have an incurable malady, little amenable to medical treatment, so that the most careful and painstaking diagnosis and the most judicious advice, based on the leading "indications," may fail to confer much benefit. But the surgeon who removes a tumor that was compromising life, or saves his patient by a lithotomy or laparotomy, performs a service the material benefits of which are plain and indisputable.

THE PATHOLOGY OF THE JEWS has occupied quite some attention of late. The *N. Y. Medical Journal* states that many persons have, at different times, occupied themselves with contributing various facts and theories regarding the relation to disease of the Jewish race. We have occasionally been told that the Hebrew is less subject to cancer or syphilis, and is, perhaps, more subject to diabetes and neuroses, than other persons. This matter was discussed with an interesting candor before the Académie de Médecine quite recently. M. Worms took up the subject of epilepsy, and apparently proved by statistics that this disease was not relatively frequent among Hebrews. Among 25,000 Jewish patients, for example, there were found only 77 cases of epilepsy. In Salpêtrière and Bicêtre the number of Jewish cases was also small. M. Worms, however, agrees with Charcot in thinking that his race is rather specially disposed to neurasthenia, hysteria, tabes, gout, and diabetes. MM. Lagneau and Bouchardat thought that the Jews were especially prone to "music and

mental alienation." M. Lagneau also quoted the statistics of Frerichs and Seegen, to the effect that about twenty-five per cent. of their diabetic patients were Jews. M. Sée takes up the cudgels for the Hebrew race, and asserts that the statistics quoted are of doubtful value, and that if any tendency toward nervous and diathetic diseases exist, it was due not to ethnic causes, but simply to the urban life and commercial pursuits of the Jews. There is, says M. Sée, no pathology of the Jews, and the subject is, consequently, outside the pale of scientific discussion.

Microscopy.

Vasale's Modification of Weigert's Method.—In the *Revista sperimentale di Frenatria*, etc., we find the following: Prepare the pieces to be hardened in Muller's fluid or potassium bicarbonate and then place in alcohol for future use, washing being optional. The stains are prepared as follows:

1. Hæmatoxylin 1 gm., water 100 gms. Dissolve with the aid of heat.
2. Saturated neutral aqueous solution of copper acetate.
3. Borax 5 gm., ferricyanide of potassium 2.50 gm., water 300 gm.

The stains should all be filtered.

The sections on being cut are placed into alcohol, from which they are taken to be stained. They are placed in No. 1 for five minutes, and removed thence directly into No. 2, where they are kept a similar length of time. By this time they appear quite black.

They are removed from No. 2 into water and are rapidly washed and transferred to No. 3 and stirred therein. The ganglion cells, neuroglia and degenerated portions are soon bleached, the medullated fibres, however, retain their color, a dark violet. Finally wash the sections in clear water and place in absolute alcohol.

When ready to mount, clear with phenol-xylol (xylol three parts, liquid phenol one part) and mount in xylol balsam. This clearing medium does not shrink sections that have been embedded in celloiden.

Finally, if a counter-stain is desired, alum carmine or picro-carmine may be used, or Pal's method may be followed.

Fixation of the Methylene Blue Stain.—Prof. C. O. Whitman translates for the *American Naturalist* for September the following from a paper by Prof. Dogiel in the *Zeitschrift für Wissenschaftliche Mikroskopie*:

Nerves exposed to the direct action of methylen blue often stain so intensely that they appear dark blue, almost black. Such preparations should lie in the fixing medium (saturated aqueous solution of picrate of ammonium) twenty-four hours or more, otherwise the color fades quickly after transfer to glycerin. Long exposure to sunlight causes the stain to fade.

The fixing medium often macerates, loosening the epidermis and rendering difficult the investigation of intra-epithelial nerves. The macerating effects may be checked by adding osmic acid ($\frac{1}{4}$ cc. of a 1 per cent. solution to 100 cc. of the fixing fluid). This mixture preserves the tissue, and at the same time blackens the medullary sheaths of the nerve-fibres. As the axis cylinders stain dark violet, it becomes easy to distinguish medullated from non-medullated fibers. The preparations are mounted in dilute glycerine.

If the tissues are to be prepared for sectioning, a stronger per cent. of osmic acid is added ($\frac{1}{4}$ cc. of a 1 per cent. solution to 25 or 30 cc. of picrate of ammonium.) The preparation lies in this fluid twenty-four hours, and is then cut in liver or pith, or with the freezing microtome.

Biedermann recommends as a fixative in the case of invertebrates the following mixture :

Saturated aqueous solution of picrate of ammonium	..1 vol.
Glycerine1 vol.
Solution of salt, one-half per cent. (sea-water in case of marine forms)2 vols.

The nervous system is dissected out for exposure to the staining fluid. That the exposure may be as direct as possible, the nerve-cord (*Hirudo*, *Lumbricus*, etc.), should be freed from its sheath. A very dilute solution of methylen blue is used, and allowed to act from two to three hours. If the preparation after the exposure, be placed on a slide wet with the staining fluid, and left for one-half to one hour in a moist chamber, the color effects will be intensified. This "airing" is not required with marine animals, as with them the color differentiation is completed in the staining fluid.

In the case of marine animals the methylen blue is dissolved in sea-water. It dissolves less readily than in fresh

water, and owing to this weak solubility it is liable to form a fine granular or crystalline precipitate on the surface of the preparation. As a large part of the dissolved staining substance is lost by filtering, it is best to prepare it fresh each time, and to allow it to settle, so that the clear fluid can be turned off for use. In the case of *Nereis* the nerve-cord is not obscured by a thick opaque sheath, and hence it is only necessary to open the dorsal wall lengthwise and spread it out flat in order to apply the stain.

The Endothelium of the Peritoneum, and the Modifications which it Undergoes in Experimental Inflammation.—The following is a translation of a very important paper recently read before the Académie des Sciences by Prof. L. Ranvier of the Collège de France :

“ One can observe very readily in the guinea-pig the structure of the endothelium of the peritoneum which I am about to describe. It is best to choose a young animal and after having killed it, open the peritoneal cavity and detach the great epiploon. The membrane should be immediately stretched on a glass slip, and then let fall upon its surface a few drops of a one per cent. solution of osmic acid. A minute and a half afterwards, watch in hand, wash and stain with methyl violet (BBBBB or RRRRR) or hexæthylen in aqueous solution. The stain takes effect quickly. When stained, cover with a cover-glass and examine with an amplification of 300 to 400 diameters and a good light.

“ The endothelium which covers the surface may be recognized by its nuclei, which are well colored, superficial, ovular and flattened. Each of these nuclei is surrounded by a bed of granular protoplasm from which stream out paths of protoplasmic matter which anastomose with each other and with those from other neighboring protoplasmic cells. The protoplasmic masses, which surround the nuclei, and the paths or lines which stream out from them are sufficiently stained with the methyl violet and show up neatly and clearly.

If one combines these new views of the structure of endothelium with those already held, we must accept the following ideas of morphology.

Each endothelial cellule contains a nucleus, and is limited to the surface by a very delicate plaque consisting of condensed protoplasm. This endothelial plaque forms the field of the

cellule, which shows itself so clearly circumscribed in silver impregnations.

The protoplasm, situated outside of the plaque, and in which the nucleus of the cellule is comprised, is not individualized, its reticulum being extended without discontinuity from cellule to cellule. The result of this is that an endothelial revetement constitutes a colony of which the elements, although distinct, are directly and continuously bound together.

This manner of regarding endothelia is confirmed by researches in pathological histology recently made by me upon the great epiploon of various mammifera. These researches complete and extend those already described in the first edition (1869) of my Manual of Pathologic Histology and corroborate those of M. V. Cornil.

My new experiments were made upon the rabbit, the guinea-pig and the rat. I provoked in these animals a light peritonitis by injecting into the peritoneal cavity by means of a hypodermic syringe six drops of a solution of silver nitrate three parts to the thousand. The animals were killed one, two, three, six and nine days after the injection of the irritant substance, and I make a study of the inflamed great epiploon following exactly the method indicated in the beginning of this article.

At the end of twenty-four hours it is found that the regions of the membrane most strongly affected by the caustic solution are entirely denuded—their endothelial cellules have become necrosed and eliminated, or rather after having become swollen they have detached themselves and fallen into the peritoneal cavity. At other points, where the action of the silver has been more feeble, the endothelium is still in place, but has undergone important modifications. The endothelial plaque has disappeared; the nucleus is lightly inflated and the protoplasm surrounding it has taken on a new form; certain lines or channels (*travées*) of the reticulum have disappeared while others have undergone a notable hypertrophy. The result is that the endothelial pavement is transformed into a net-work of starlike cellules ramified and anastomosed the one with the other by their prolongations. These cells are like those of the conjunctiva or rather *they are conjunctival cells*. F. L. J.

(To be continued.)

Dermatology and Genito-Urinary Diseases.

Ringworm in Elementary Schools.—Mr. Malcolm Morris in speaking of this subject in the *Lancet* states, as is well known, that *tinea capitis* is a highly contagious and intractable affection in children. In regard to the management of the children at school, the schoolmaster who is watchful and zealous as to the physical well-being of the children under his charge refuses to admit a child with ringworm to his school, whereas, on the other hand, he who is lax is apt to overlook or minimize the importance of the disease. In both instances an injustice is done. For, in the former case, a child presumably in good health is banished from school and all its advantages, both moral and educational, for a prolonged period, at a time of life when these are essential to its well-being. In the second case, the spread of the disease to other children is inevitable, and the community at large, as well as the individual children, must suffer. The remedy proposed is that of isolation in separate schools or in rooms to which access is denied to those children who are unaffected. In Paris such schools exist. There are so many children affected with the vegetable parasitic diseases of the scalp that it has been found quite feasible and valuable to have special schools devoted to the instruction of individuals of this class.

Gold Trichloride in Lupus.—Dr. Rüsin reports in the *Meditzinskoië Obozrenië*, according to Merck's *Bulletin*, the case of a peasant woman with extensive Lupus of thirteen years' standing, successfully treated by the subcutaneous injection of a one per cent. solution of gold tri-chloride in combination with a one per cent. solution of potassium cyanide, diluted with a two per cent. solution of peptone. Nearly the whole face, nose, and forehead were involved—the cheeks, forehead, chin, and hard palate being studded with ulcers, the discharge from which contained tubercle bacilli. Six injections—containing from 0.00012 to 0.0012 gramme [$\frac{1}{8000}$ — $\frac{1}{800}$ grains] of both salts together—were given in eleven days. On the second day of the treatment, the subjective state markedly improved; on the third,

the swelling of the face subsided, some old scars began to shed cuticle, and a labial ulcer distinctly decreased; on the sixth some ulcers on the cheeks and hard palate commenced to heal, while the facial tumefaction and pain disappeared altogether, on the twelfth, several ulcers soundly healed, and the remaining ones became clear and covered with healthy granulations. Of accessory phenomena, there were observed a kind of intoxication, drowsiness, rigor and slight elevation of temperature. These symptoms made their appearance on the fourth day of the treatment, and disappeared spontaneously the next day.

Tabulated Treatment of Syphilis.—Dr. Bontemps, in a paper read before the Société de Médecine d'Angers, gives the following table for the systematic intermittent treatment of syphilis:

Months—	1st	2d	3d	4th	5th	6th	7th	8th	9th	10th	11th	12th
YEARS.												
1st.	M	M	I	M	R	M	R	M	I	R	M	I
2d.	R	R	I	M	I	R	R	I	M	I	I	R
3d.	{ R S	M	I	I	{ R S	R	I	I	{ R S	R	M	I
4th.	I	{ R S	I	I	R	{ R S	I	I	R	{ R S	I	I

M—Mercurials; I—Iodides; R—Rest; S—Sulphur.

This table is based upon the methods of Fournier and of Martineau. Taken altogether, we find that there are ten months of mercurial treatment; twenty of iodide treatment; six of sulphur treatment; and eight months of rest. To my mind there seems to be too much time devoted to the iodides; a certain portion could be profitably devoted to the exhibition of the mixed treatment, and probably with benefit to the patient. Another point is the long periods of rest at the inception of treatment. I have found that the same amount of rest, divided into shorter periods, with correspondingly shorter periods of treatment included, is productive of better results and reduces to a minimum the tendency to extensive or destructive lesions.

Treatment of Gonorrhœa.—The cry is still they come! Dr. W. Frank Glenn thinks that he has found a cure for gonorrhœa. He states in the *Southern Practitioner* that, disgusted with all methods of treatment, he without any scientific guide, made up his mind to try anything that might suggest itself,

hoping, as it were, to stumble upon a plan which would be productive of greater benefit to the patient and more satisfactory to the physician ; in short, to find an injection that would embrace all the desiderata of a cure, viz.: a rapid sedation of the inflammatory and painful phenomena ; to arrest the discharge ; to prevent a relapse : to accomplish these things in the shortest possible time ; the application of the remedy to occasion no pain or inconvenience After a trial of almost every astringent and antiseptic, he believes the above indications are nearly completely filled by the use of mild solutions of chloride and iodide of zinc. The strength usually employed is one-half grain of chloride and one grain of iodide to the ounce of water. If, in this proportion, the application is painful, which is seldom the case, it is further diluted until no pain results. With this solution well injected into the urethra three or four times, we generally accomplish all we could reasonably hope for in the treatment of this disease. Eight years of success is claimed for the success of this method, but the overwhelming mass of evidence which shows the utter inadequacy of all so-called specifics for gonorrhœa incline me to take the above *cum grano salis*.

Unusual Form of Chancre.—The *New York Medical Journal* states that Dr. E. D. Mapother relates the case of a professional man from India, aged forty-nine and intemperate, who consulted him on January 13 for a chancre which had appeared a week before. About twenty-seven years ago he had had chancroids and suppurating buboes, which healed very slowly. The sore was on the dorsum, a third of an inch behind the corona, and there were hard, enlarged glands in each groin. Small doses of blue pill, small inunctions in the groins and dry lint were ordered. Good progress was made for a fortnight, but then the sore began to extend slowly, and there arose around it, except toward the corona, a thick ridge. This near the frœnum was œdematous, but above there was a semi-solid deposit in the areolar tissue of the preputial folds. Many local applications were tried without effect, and iodiform seemed of but little service. On March 9, iodide of potassium was prescribed, together with the mercurial treatment. After ten days the skin over the hardest part of the ridge gave way, and matter similar to that in gummata came out. Improvement followed, but so slowly that it was April

13 before cicatrization was complete. It ulcerated again superficially on the 20th, but finally healed in three weeks. The enlargement of the glands had become absorbed, and no secondaries appeared. The peculiar deposit and the extreme slowness of healing, due probably to the age, habits and former residence of the patient, seemed to render the case worth recording. A form somewhat similar to this has been recorded by Fournier as far back as 1867. O—D.

Medical Progress.

THERAPEUTICS.

Stimulating Expectorant.—According to the *Medical and Surgical Reporter*, Fothergill has recommended the following for a stimulating expectorant mixture :

R Ammon.-carbonat.....	gr. v.
Tinc. nucis vomic.....	m x.
Tinc. scillæ.....	3 ss.
Infus. serpentariæ.....	3j.

M.

Sig. Use three times a day.

Muriate of Ammonia in Grippe.—Marotte has employed muriate of ammonia in periodical cough of a tenacious character, in pulmonary congestion, and in grippe. He administers it in wafers containing gr. vii ss each in doses of gr. xiv to gr. lxxv in twenty-four hours. Baraillier's mixture is employed for the same purpose. Its composition is as follows :

R Aquæ menth. pip.....	3 xv.
Ammon.-muriat.....	gr. xlv.
Syr. aurant. cort.....	3 v ss.

M.

Sig. To be divided into three or four doses to be taken at intervals of one hour.

Treatment of Diarrhœa and Dysentery.—Dr. Maget who, as surgeon in the French army, practiced for six years in Cochin China and Tonquin, gives the following treatment for diarrhœa and dysentery (*Rev. de Thér. Méd. et Chir.*):

Acute Diarrhœa.—About ten grains of calomel are given in the morning, before the patient breaks his fast. The patient then breakfasts off a bowl of milk or a cup of tea. If the

diarrhœa persists on the next day, a mixture of laudanum and bismuth, or rhatany, is given.

Chronic Diarrhœa and Dysentery.—The patient is placed on a milk diet, which is to be modified according to the stools by means of eggs, starches, broiled meats and Segoud's pills given. The following is the formula of these pills:

℞ Hydrag. chlorid. mlt. gr. ix
 Pulv. ipecac. gr. vi
 Ext. opii. gr. 4
 M. et fiat pil. No. 6.
 Sig. One pill every two hours.

In severe cases, Dr. Maget continues the treatment during fourteen or sixteen hours, thus giving 7 to 8 pills, if they are well borne. As the stools become better, the number of pills is reduced up to 8 a day. As a general thing the stools assume consistency at the end of forty-eight hours' use of the calomel pills. If hæmorrhages exist, subcutaneous injections of ergotin are employed. The pills must be stopped upon the first appearance of mercurial stomatitis. The following is then ordered:

℞ Rad. ipecac. gr. xlv
 Aquæ bullient. ℥ iv ss
 Ft. infus., deinde adde
 Laudan, sydenham. gt. xx
 Syr. simplic. ℥ j

M.

Sig. A tablespoonful every two hours. If necessary the pills are to be resumed.

In case there is proctitis the following injection is given:

℞ Acid. boric. ℥ j
 Aquæ destillat. ℥ iv ss

M.

Sig. For one injection.

In those who are susceptible to ipecac or mercury large doses of calomel every three or four hours are recommended.

Treatment of Typhoid Fever.—The Paris correspondent of the *Medical Age* states that Dr. Smakovsky, of Russia, having made careful experiments with 700 cases of this disease, recommends the following treatment, as the best and most efficacious:

He gives the patient, every hour, five centigrammes of calomel, rubbed up with sugar. This he continues until copious greenish stools are produced. In the mean time the

patient gargles the mouth with a solution of chlorate of potash in order to guard against salivation.

After a day's interval the treatment may be repeated. The doctor claims that this mode of procedure frequently aborts the disease, even in the graver forms. If this does not occur it has a most favorable action, abridging the course of the disease, and rendering it mild and free from complications.

In the interval between two calomel treatments, and during the latter course of the disease, the following should be taken :

Bismuth sub-nitrate	15. centigrammes.
Pure naphthalin.....	0.25 “
Sulphate of quinine.....	10. “

Mix and make one powder.

Sig. Take four powders a day.

Treatment of Migraine.—In the course of some clinical remarks on migraine (*Times and Register*) Dr. Frank Woodbury states that in the treatment of this affection we must advise the patient to abstain from food which does not agree with him. As the blood supply to the brain is defective in these cases, some stimulant, such as hot whisky, or alcohol, will often help to prevent an attack which is coming on. In other cases coffee combined with the whisky will help, or caffeine given alone. If any undigested food remains in the stomach it will be well to give an emetic and wash out the stomach with hot water. Where the patient is well nourished, and able to take opium, the following may be given :

R Tr. opii deodoratæ..... gtt. x or xij.

(Tr. cannabis indica may be substituted when opium is considered objectionable.)

Potassii bromidii..... gr. xx.

with two drachms of camphor-water. In addition, give some cinnamon or peppermint water to disguise the taste of the combination.

We do not, as a rule, combine anything sweet with bromide of potassium, on account of its salt taste. Antipyrin in gr. x-xv doses also will relieve headache, but is often followed by great depression, or even collapse.

Such a dose, taken and repeated every two hours, will generally ameliorate an attack, and enable the patient to keep on his feet and do a certain amount of work.

White of Egg for Sore Nipples.—Dr. Frank Van Allen writes to the *New York Medical Journal* that there is a remedy which in his hands has been most successful in that distressing complaint, the sore nipples of nursing women. It is the painting of the nipples several times a day with the white of egg. This soothing albuminous covering forms a delicate film over the abraded nipple, and the surface is soon—within a few hours, except in severe cases—entirely healed. He believes that there is no necessity for excoriations or cracks to occur on the nipples of nursing women if the first tender feeling is met promptly by this application. It is a remedy which can be had at a moment's notice in any household and easily applied with a camel's-hair brush or a feather. The albumin may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumin is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast. In some cases it will be found advantageous to combine some remedy with the albumin in order to hasten recovery. When this is done, care should be taken to employ an agent which will be innocuous to the infant.

Quinine as a Cardiac Stimulant.—F. E. Hare in a paper in the *Lancet* on the above subject makes the following, among other statements: Some points in connection with the action of quinine on the heart are worth noting. 1°. The slowing of the pulse-rate is tardy in appearing, usually twenty-four hours elapsing before its effect is distinctly perceptible. 2°. The effect when obtained is somewhat permanent, so that if the drug be withheld the pulse does not attain its previous rate for two or three days. Both of these are in contrast to its action on the temperature, which is never prolonged beyond thirty-six hours, by even the largest antipyretic dose. 3°. Its action is not limited to typhoid fever. I have obtained similar results in the last stages of phthisis, in croupous and broncho-pneumonia, in surgical cases with hectic. I venture to think that the recognition of this use of quinine is a point of great importance, and that by it alone many lives might be saved. The difficulty of meeting the emergency of heart fail-

ure in fevers is testified to by the number of drugs that have at various times been recommended for it. I have given the great majority of these a more or less extended trial, without ever being able to satisfy myself that I obtained any result, except, perhaps from digitalis. Digitalis however, had nothing like the effect of quinine, while it appears to have in doses sufficient to reduce the pulse-rate, dangers peculiar to itself. Most works on therapeutics seem to imply that quinine is a cardiac depressant. What is the influence of this teaching on practice! A case of typhoid fever is being treated with small doses of quinine, two or three grains every few hours (a common routine treatment). Later on in the usual course of events the pulse becomes weaker and more frequent. The drug is then probably withdrawn on the supposition that it is weakening the heart's action whereas this is the very time that the dose should be doubled or even more largely increased. All this has, at any rate frequently happened to myself.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Parasitic Disease Simulating Tuberculosis.—In *Public Health* for September there is a review of reports by Du Casal and Vaillard, of the Institut Pasteur, on a parasitic disease of man which is transmissible to rabbits (*N. Y. Med. Jour.*). The case first to come under notice was in the person of a French naval surgeon, aged thirty-three years. He was an exceptionally powerful and muscularly developed man and very fat. He was taken ill with diarrhœa, headache and fever, followed by insomnia, jactitation and tympanites. He became progressively worse, and on the sixth day after taking to bed presented the aspect of a patient in the algid period of cholera; death occurred that evening. At the necropsy the peritoneum was found studded with yellow nodules, which were only slightly prominent and of the size of millet seed and larger or up to that of a lentil. Each nodule contained a cheesy, yellowish-white, fatty substance. Subacute localized peritonitis had existed. The pancreas had numbers of nodules, while the liver had one larger than the rest. These nodules all contained hosts of bacilli—short, mobile rods, scarcely longer than they were broad, which were susceptible of pure culture. The bacilli were both isolated, joined in pairs, and combined in chains. When separate or in pairs

they are endowed with a very lively movement, both of locomotion and of oscillation; the long chains have only "a long wavy ominous motion." Inoculation of guinea-pigs was without effect, but the cultures were pathogenic to rabbits and mice. Mice died within sixty hours, showing a blood infection by this peculiar bacillus. In rabbits large injections produced rapidly mortal disease, characterized by paresis and foetid diarrhoea. Lesser doses produced a chronic affection, with diarrhoea, transitory wasting, and multiple tumors, resembling those described as occurring in the human patient. This disease was not necessarily fatal, and it even appeared to be compatible with a fair condition of health, provided the formations, or tumors, did not attack any important organs. Du Casal and Vaillard conclude their report by the suggestion that this affection may be and has been confounded with tuberculosis. The verification of this proposition will involve the extension of bacteriological work into the post-mortem room in an increasingly large proportion of cases. The medical history of the patient, as given in the abstract, does not state that he had formerly been the subject of emaciation or other suspicious impairment of health, but, on the contrary, that he was of exceptionally robust appearance.

Toxic Effects from Hyoscyamine.—Dr. Hugh Hogan records the following interesting case in the *Southern Medical Record*: E. C. M., aged 57 years, male and married, consulted him about four weeks since in regard to his nervous condition. He presented a typical case of paralysis agitans. He prescribed bi-weekly suspension, recommended and practiced by Professor Benedict of Vienna, tri-weekly applications to the spinal column of a constant galvanic current of 15 cells, about 10 milliampères, and about 20 drops of an aqueous solution of hyoscyamine, 1 grain to the ounce, thus administering 1-24 grain. The afternoon of the day he prescribed, the wife of the patient came in great haste and excitement to his office saying, "her husband was dying, and that the medicine he had prescribed had poisoned him." He hastened to the house and found the patient much prostrated, face flushed, complaining of severe headache, soreness of throat and tongue, total blindness, dizziness, tinnitus aurium and great muscular weakness. The heart was beating 85, and regular. The respiration was unaffected, save for a slight in-

crease in frequency, and there was considerable mental confusion. He immediately administered one-quarter of a grain of the sulphate of morphia subcutaneously, and in the course of three hours one ounce whisky. Very soon after this the symptoms began to abate, and near midnight he left him quite comfortable. He afterwards stated "that about one hour after taking the 20 drops as prescribed, he became dizzy and could not see." He had previously warned him of the possible effects of the drug, thus saving him the apprehension he would otherwise have suffered. He afterwards learned he possessed an idiosyncrasy for quinine, having frequently suffered severe headache, pruritus, urticaria and erythema after taking five grains of this drug. The patient is now doing well under suspension, electricity and a pill of half grain of zinci phosphori.

DISEASES OF WOMEN AND CHILDREN.

Accidental Hæmorrhage Occuring During the First Stages of Labor at Term, by Dr. H. C. Coe, of New York, at the recent meeting of the American Gynecological Society at Washington, D. C. He said it was not his purpose to discuss the entire subject of hæmorrhage in the gravid womb, but simply that form occurring during labor. This was not only the more infrequent but the more fatal form, and was more rarely traumatic. A case was cited: The etiology was obscure, predisposing causes were hæmorrhagic diathesis, general febrile troubles, renal affections, death of the foetus, hydramnios, diseases of the placenta. In some cases the cause was the shortening or twisting of the cord. In 20 per cent. of the cases irregular uterine contraction had been noticed. The accident was usually a combination of several causes, and could not be traced to a single etiological factor in a non-traumatic case.

Symptoms. — There are two sets of symptoms, initial and final. Most writers affirm that the latter alone are reliable and were recognizable too late for successful interference, but the author believed it possible to detect accidental hæmorrhage, at its inception, by careful attention to the initial phenomena, especially irregularity and feebleness of the labor pains. Pain in the lower part of the abdomen, which gradually grows worse and assumes a bursting character. External

palpation, at first, perhaps, reveals nothing abnormal. Auscultation of the foetal heart shows it feeble and irregular, patient restless but able to sit up, pulse not affected. The ordinary observer might mistake the case for one of uterine inertia. External bleeding had been absent in three-fourths of the reported cases. More advanced symptoms could readily be recognized.

Prognosis. — This was so bad that unusually favorable statistics led to the inference that the cases were not serious. It should be assumed that the child would perish, and all attention devoted to saving the mother.

Treatment. — There was want of unanimity in regard to treatment of these cases. Some advise immediate delivery, others delay. The writer disapproved of rupturing the membranes and administering ergot, when there was no prospect of immediate delivery. It did not overcome the obstacle to delivery and might cause continuation of the hæmorrhage. His *modus operandi* is: as soon as the accident is recognized, to stimulate the patient vigorously by mouth, rectum, and hypodermically, while sending for aid. Under complete ether anæsthesia the os should be carefully dilated manually. Barnes' bags being only employed when the os is rigid, and patient's condition such as to allow a certain amount of dilating. The membranes should be preserved intact. Perform version with unusual care, administer ergot at this stage by injection. A short delay should be made before extraction to allow the uterus to recover its tone. If the head were engaged and the os could be readily dilated, the membranes should be disrupted at once and craniotomy performed instead of time being lost for delivery by the forceps. The most important step is to prevent post partum hæmorrhage. The hand should be introduced into the uterus, placenta and clots removed, and the cavity at once tamponed with iodoform gauze.

Indications for Laparotomy in the Treatment of Puerperal Fevers, by Dr. R. B. Maury, of Memphis. The subject was reviewed in a general way and some cases were related upon which the author had operated. There were five classes of these cases: Those in which there was recognizable pelvic collection of septic matter, limited; those in which there was general diffuse septic peritonitis; and those in which pre-

existing tubal or other abscesses had burst during labor. In the first and last classes the indications were to operate. In the diffuse form he had operated twice, in both rather late; one patient survived the operation two months then died of exhaustion. But it was not always so easy to make an early diagnosis, and the success of an operation depends much upon the date at which it was undertaken.

Observations on Surgical Treatment of Uterine Tumors, was the subject of a paper by Charles A. L. Reed, M. D., of Cincinnati at the meeting of the Mississippi Valley Medical Association at St. Louis. He said there are certain solid tumors of the uterus that require no operation, but there are others which are uniformly recognized as demanding operation. They are for the most part rapidly growing tumors in young subjects; removable fibro-cystic tumors; soft cedematous tumors; large bleeding fibroids and those growths which give rise to ascitic accumulations. Attention is called to certain other classes of tumors in which operation was not usually advised but the demonstrated dangers of the growths rendered surgical interference important if not imperative. These cases are small tumors of sub-mucous polypoid development in which there is a sero-sanguineous discharge but in which a slight menorrhagia but no further hæmorrhage leads to no apprehension of danger. Another class of smaller sub-mucous growths are generally pronounced bleeders, but the absence of the gross enlargement of the uterus disarms apprehension on the part of the attendant. After citing at length a number of cases operated upon for these tumors the author drew the following conclusions:

- (1.) All persistently hæmorrhagic uterine myomata of whatever variety should be advised early operation.
- (2.) In young subjects with multinodular tumors giving rise to alarming hæmorrhage, the appendages should be removed when practicable as an alternative for total extirpation. But the latter operation should be done whenever the character of the growth will permit of its removal by dangers less than those which would be involved by its continued existence.
- (3.) To those tumors already recognized as demanding operation, should be added those of uterine development which are liable to dangerous constriction by the uterine walls and in which their destruction by this means might induce sepsis.
- (4.) All cases

of sub-serous growth, indolent, yet progressive in character in which the tumor has become a menace to neighboring organs, whether hæmorrhagic or not should have exploratory incisions with reference first to removal of the appendages or second of the neoplastic organ. (5.) All growing tumors in women occurring beyond the menopause should be removed, if possible by vaginal total extirpation, or by abdominal section. (6.) All distinctly operable cases demanding interference should be advised operation at the earliest practicable moment.

Some Clinical Testimony as to the Ultimate Result of Removal of the Uterine Appendages, read by Dr. Thaddeus A. Reamy, of Cincinnati, before the American Gynecological Association at its recent meeting. Cases of malignant disease and ovarian tumors were excluded. The operations were performed from 1885 to 1889. They were 164 in number; in 144 both ovaries and tubes were removed. His conclusions were: (1) Pyosalping does not exist in nearly as large a proportion of pelvic disease encountered among patients of the middle and upper classes as is generally taught. (2) In cases from this class gonorrhœa does not play so important a role in the causation of disease as generally believed. (3) In properly selected cases, where otherwise incurable disease of the appendages exists, the results from surgery are not only satisfactory but brilliant. (4) In properly selected cases removal of the uterine appendages is more promising for relief of hysterio-epilepsy than is generally conceded. (5) The practice should not be continued in treatment of purely neurotic cases. (6) Many cases of manifest pelvic disease, including a case of the ovaries and tubes which are cured by removal, could be as thoroughly, as promptly, and more satisfactorily cured by more conservative methods without the sacrifice of these important organs. (7) Many cases reported by operators as cured are found after a few years to be no better off than before the operation. (8) Arrest of the menopause after removal of the ovaries, which took place in so large a number of the cases, tends to confirm the belief that the ovaries bear an important relation to this function. (9) The influence of removal of the appendages upon the sexual appetite has not heretofore been correctly stated (in many cases the sexual appetite was lost or much diminished). (10)

The relation of this influence to the psychoses which had so often followed the otherwise satisfactory results of this operative procedure is worthy of serious consideration.

The Induction of Labor Pains by means of the application of electricity to the mammary gland is reported by Freund, (*Centralblatt fuer Gynecologie*). He applied the cathode to the gland and the anode to the abdomen. Five to seven milliamperes are suggested.

Galvanism in Gynecology is discussed by Engleman, of Kreutznach, in the *Deutsche Medizinische Wochenschrift*. He believes that a retrograde metamorphosis in fibroid tumors is seldom had under galvanism; at least enough to show sensible diminution in size; endometritis is benefitted, hæmorrhage and leucorrhœa disappear, pressure symptoms are relieved; reflex neuroses disappear, and he thinks the method of value as an adjunct to other plans.

Massage in Incontinence of Urine in Females.—Dr. W. T. Baggot gives the following (*Dublin Journal of Medical Science*) as the steps to be taken:

1°. Tapotement of the lumbar and sacral regions. The patient stands with feet together, leaning slightly forward and supporting herself by placing her outstretched hands against a wall or other firm object. A rapid but springy percussion is then made with the closed fist down both sides of the spine, beginning at the lumbar region and passing downwards over the buttocks, after which the open hand is stroked firmly downwards over the same regions three or four times.

2°. The patient lies on a low couch as in the dorsal position for vaginal examination. The operator stands in front of the patient, with his right foot on the ground and his left knee on the couch; then, bending over the patient, he extends his arms and lays his hands, with the ulnar surfaces approximated, and the finger-tips directed towards the pubes, on the woman's abdomen in the hypogastrium. Now, sinking his fingers deeply into that region by the sides of the bladder as if to grasp it, he makes a vibratory movement with each hand alternately, as though he were about to elevate that viscus out of the pelvis. This is repeated three times.

3°. The index finger of the left hand is introduced into the vagina, slightly flexed and passed obliquely so as to partially encircle the neck of the bladder. The right hand now grasps

the wrist so as to more accurately regulate the pressure used, and the finger in the vagina is made to vibrate against the neck of the bladder, compressing it moderately forcibly against the pubes. This being done three or four times, the opposite side of the bladder is treated in a similar manner with the index finger of the right hand.

4°. The exercise of the abductors of the thigh. The patient, still lying on her back, brings her knees and heels closely together, and raising her pelvis off the couch, supports herself on her shoulders and feet. The operator then places his hands on the inner surfaces of her knees and gradually forces them apart as far as possible, while she resists the movement. She now closes them while he resists. This is done four or five times, after which the tapotement of the lumbar and sacral regions is again performed. In children the neck of the bladder is treated as in step 3, but per rectum instead of her vaginam.

Lymphotism.—At the late meeting of the American Climatological Association (*Sanitarian*) Dr. F. H. Bosworth described lymphotism as a condition of disease occurring in early life, characterized by a glandular involvement which might exist widely, but which usually manifested itself in the cervical region, the upper air-tract, and the fauces in adenoid enlargements, tonsillar hypertrophies, etc. There was, as a rule, an associated anæmia, more or less profound headaches, interference with normal respiration, and consequent imperfect assimilation from defective oxidation. The prognosis he considered favorable provided the condition is recognized as one requiring attention and proper treatment inaugurated. Constitutional treatment is most effective, and the iodide of iron, in the form of syrup or Blancard's pills, the remedy par excellence. The dose should be at least two grains of the iodide of iron thrice daily.

Dr. Jacobi did not think lymphotism existed as an entity in disease, but that it was a secondary process originating in a local irritation. Cervical adenitis, from stomatitis, eczema, scrofulous glands, so called, of the omentum from hyperæmia due to diarrhœa, and other similar conditions, were cited as examples of local irritation acting as a cause of the secondary condition. The primary irritation should be relieved and the lymphotism prevented.

SURGERY.

Heat in Treatment of Ulcers.—Dr. A. Spépanoff considers heat a very valuable agent in general (*Med. Age*) and states that from all his observations, he draws the following conclusions: 1°. Heat applied to the local treatment of cutaneous affections, as also to those of a deeper-seated nature, should prevail in prominence of position over other methods of treatment. 2°. All ulcers, whether syphilitic or not in origin, uniformly give way to this caloric treatment. 3°. The favorable action of heat is due particularly to the regularization of the circulatory phenomena, and of the nutrition of the affected tissues. 4°. Under the influence of heat, the sanguineous stasis rapidly disappears, as it is observed to form in the vicinity of the inflammatory focus. 5°. Heat exercises indubitably an attenuating influence upon the pains produced by the inflammatory process of the ulcer and of the subadjacent tissue. 6°. The caloric treatment gives good results only when applied seven to eight hours daily. 7°. This treatment, in the form of rubber bags filled with hot water, is preferable to the other sources of heat—poultices, compresses, etc. 8°. The application of heat in the hospitals should be regularly organized, that a great number of patients may profit by it. 9°. The prolonged application of heat to the skin causes no irritation, if certain measures be taken to prevent it. 10°. The caloric treatment presents two advantages, to wit: *a.* The duration of the patient's confinement to the hospital is considerably reduced, *b.* The pecuniary expense is thus notably diminished.

Operation for Fractured and Dislocated Vertebrae.—Dr. H. A. Boyle details a case in the *Medical and Surgical Reporter* and goes on to say that Dr. Biddle, assisted by the hospital staff and Dr. Brady, of Scranton, cut down on the spinal column, and found a sharp dislocation between the 9th and 10th dorsal vertebrae backward and between the last dorsal and first lumbar forward. The bodies of the three vertebrae being so far backward as nearly to occlude the canal and producing great pressure on the cord at the two sites of dislocation. The cord was also stretched from the normal position. An incision eight inches long to the left of the spinous processes was made. All of the bony canal down to the bodies of the three dislocated vertebrae was removed and the posterior part

of the bodies was chipped off and shaped up to relieve the cord; thus leaving that part of the cord in this situation entirely without any bony covering posteriorly. Spiculæ of bone were removed and the wound made thoroughly aseptic by the use of bichloride solution 1 to 1,000. In shaping out the bodies the cord was lifted out of place with a retractor. Continued suture of ordinary black silk was used, and a drainage tube inserted. He was under ether about thirty minutes and stood the operation well. Primary union took place with no bad symptoms. On the second day after the operation he showed slight signs of motion in the toes, this movement being barely perceptible. Sensation also was faintly noticed. Since that time the ataxic pains have ceased, he now has good sensation and motion, and can stand up and walk with the aid of parallel bars. He sleeps and eats well, is cheerful and has gained much flesh. The history of this case seems to point out that in many cases of fractured and dislocated vertebræ with much pressure, immediate operation might do much good, and that many patients with "broken back" who otherwise would go on gradually but surely to death, might be saved by such procedure.

Bronchotomy for Foreign Bodies. — At the late meeting of the American Surgical Association (*Jour. Am. Med. Ass.*) Dr. Willard gave the results of a number of experiments on dogs. The operations were all fatal. The following conclusions were presented: 1°. In dogs, the bronchus can be reached either anteriorly or posteriorly through the chest walls, but the anatomical position is in such close proximity to large and important structures, that safe incision is a matter of extreme difficulty and danger. 2°. Bronchotomy through the walls of the thorax is an operation attended with great shock from collapse of the lungs, and until the technique is further advanced, is liable to result in immediate death. 3°. Collapse of the lung is more serious in a healthy organ than one physically crippled by disease. 4°. The serious inherent difficulties are shock, suffocation from lung collapse, enormous risks of hæmorrhage from pulmonary vessels, injury or interference with the pneumogastric nerve, great and fatal delays, owing to exaggerated movement of the lung, caused by the excessive dyspnoea. 5°. Closure of the bronchial slit is slow and dangerous. To leave it open causes

increasing pneumothorax, by its valve action, and also permits the entrance of septic air into the pleural cavity. 6°. Although a foreign body can be reached by this route, yet removal is hazardous. To secure a subsequent complete cure, seems, in the present state of knowledge, very problematical. 7°. When the presence of a foreign body in the bronchus is definitely determined, and primary voluntary expulsion has not been accomplished, there is great danger in permitting it to remain, even though it may but partially obstruct the tube. The risks both of immediate and subsequent inflammation are serious. 8°. Low tracheotomy is then advisable when the presence of a foreign body is certain. It adds but little to the risks, and affords easier escape for the object, even when extraction is not feasible. 9° *Subsequent dangers arise from severe and prolonged instrumentation; not from tracheotomy.* 10°. Voluntary expulsion is more probable after than before tracheotomy. 11°. Tracheotomy is permissible even after an object has been long in position, unless serious lung changes have resulted. 12°. The question of tracheotomy will depend largely upon the form, size and character of the foreign body. 13°. The term bronchotomy should be limited to an opening of the bronchus, and should not be employed to designate higher operations. 14°. The risks from thoracotomy and bronchotomy, following unsuccessful tracheotomy, are much greater than the dangers incurred by permitting the foreign body to remain.

Present Status of Brain Surgery. — Dr. Hayes Agnew read a paper before the American Surgical Association on the present status of brain surgery based on the practice of Philadelphia surgeons (*Med. and Surg. Rep.*). The deductions presented by the author are as follows: 1°. That all fractures of the skull, attended with depression, however slight and entirely irrespective of symptoms, should, in view of the late after effects, be subjected to the trephine. 2°. That trephining for traumatic epilepsy promises only palliation at best. 3°. That trephining for Jacksonian epilepsy is to be regarded as only affording temporary benefit. 4°. That trephining for abscess, in view of the fact that all such cases left alone almost invariably terminate fatally, is entirely proper, and that the earlier such operation is done the better. 5°. That trephining for intracranial traumatic hæmorrhage is both an

imperative and highly promising operation. 6°. That trephining for cephalalgia or traumatism, medical measures having failed, should be undertaken with every prospect of success. 7°. That trephining for hydrocephalus, is a useless operation. 8°. That trephining for microcephalus, independent of athetosis, confers no credit upon surgery. 9°. That it is more than probable that, as our observations multiply, the sphere of the trephine, as a preliminary for the removal of brain tumors, will be lessened rather than be amplified.

Book Reviews.

Atti della Reale Accademia Medica di Roma. (Transactions of the Royal Academy of Medicine at Rome). 1890-91. Royal 8vo. pp. 599. [Rome: Centenari Brothers, 1891. Price 10 lira.

This work contains the papers read before the Royal Academy of Medicine of Rome during the year 1890, and constitutes the fifth volume issued so far. There are twenty-two papers, many of which are of the highest scientific value and all of which attest to the great degree of excellence attained by our Italian confrères. Among the more interesting papers may be mentioned one on the antithermic value of hydroquinone by Dr. G. Traversa, illustrated by a number of tables and charts. Dr. A. Celli and E. Marchiafava have contributed a valuable paper on the malarial fever prevailing in spring and autumn at Rome. These authors have made extensive microscopic and bacteriological researches on the blood and finely executed figures are furnished to elucidate this portion of the text. The graphical researches in hypnotism by E. Sciamanna and A. Torti constitute an important addition to physiology and psychology. A large chart of sphymographic tracings is added to illustrate the results of the experiments of the authors. Anthropology is represented by a short paper, by Dr. G. Sergi, descriptive of a deformed cranium found in an ancient tomb near Bologna. The excellent illustration which is furnished represents a flattening of the anterior portion strongly suggestive of the cranial deformity artificially induced

by some of the North American aborigines. We will notice one more paper—that of Dr. Leopold Taussig on tinea. While acting as physician in chief of a hospital the author observed two hundred and forty cases of tinea tonsurans and this enormous material suggested to him the present clinical and histological study. The author deals thoroughly with his subject and the literature he quotes demonstrates his familiarity with the principal dermatological and histological authorities. The colored histological drawings which are appended give his work an added interest. Although nothing new is added either in the line of therapeutics or of histological research the paper will well repay a careful perusal and will be found to contain much valuable material.

Want of space will not permit us an enumeration of all the papers much less any critical analysis such as each one certainly deserves.

International Clinics : A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M. D., J. P. CROZER GRIFFITH, M. D., J. MITCHELL BRUCE, M. D., F. R. C. P., DAVID W. FINLAY, M. D., F. R. C. P., Vol. II, 8vo. pp. 356, July, 1891. [Philadelphia: J. B. Lippincott Company, 1891.]

We can only repeat what we said of the first number of this excellent quarterly. While it might be naturally expected that the first number would be an extra one in the character of its contents, the second is fully up to it in the excellence of the lectures presented and we feel assured that those which succeed, if anything, will surpass those which have already appeared. There are thirty-nine lectures in the present number besides an excellent memoir of the late Dr. Joseph Leidy. Eight handsome plates and seventeen illustrations are interspersed throughout the text. A few titles of lectures taken at random will show our readers the practical post-graduate character of these lectures, thus: Two cases of Ulcerative Endocarditis by William Pepper; Chronic Diffuse Nephritis by James Tyson; Common Causes of Indigestion by N. S. Davis; Tabes Dorsalis by James K. Thacher; Fracture of the Spine

by M. Allen Starr; Weeping Sinew by Arpad G. Gerster; Electricity in Neurasthenia by A. D. Rockwell, etc.

The Lippincotts deserve well of the medical profession for having undertaken this work. It is one which enables physicians to obtain at a comparatively trifling expense and practically no trouble the best thoughts of the leading lecturers in the English language. The crystallized results of the labors of the most eminent medical men of this country, England, and Canada are laid down at the feet of whoever will take the trouble to garner the golden wealth so lavishly offered.

We are certain that the publishers should reap a rich reward for no one has spoken of the work save in praise and this universal appreciation should certainly be seconded by contributions of a substantial nature from those who are the ones who will profit by the issuance of the work.

The binding and press-work are unexceptional and form a fitting frame for the valuable picture of disease which is found within.

* **Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania.** By RICHARD C. NORRIS, A. M., M. D. Second Edition. 8vo. pp. 198. [Philadelphia: W. B. Saunders. 1891. Price, interleaved for notes, \$2.00.

This, the second edition, has appeared in a little more than one year after the appearance of the first. This already attests to its popularity. We can readily understand it however, when we take into consideration the fact that Dr. Norris is the demonstrator of obstetrics in the University of Pennsylvania. His long experience not only in the obstetric art, but as a teacher as well, has given him unusual advantages for the preparation of such a work as we have before us.

While the primary object of the book was to serve as a guide to the medical student, the details are so carefully chosen and given in such clear and forcible style that they cannot but be of value to the practitioner; and a great many points will be found, embraced within the two covers of this book, which are comparatively novel to accoucheurs who have had quite

some experience. The most modern ideas are presented to the reader, and, what is of the most service, the work fairly bristles with practical hints.

In this edition the subject-matter has been rewritten and new material added, notably in the chapters on infant feeding, pathology of the puerperium, obstetric operations and dystocia. In regard to the Cæsarean operation, the author prefers Säger's modification, except under those conditions where the Porro-Cæsarean is preferable. He is a firm advocate of antiseptics in midwifery, and as far as regards infant feeding by artificial food he enters rather elaborately into the subject, dealing exclusively with cow's milk.

The typography of the work is excellent, and the interleaving makes it very convenient for the addition of notes.

Collected Contributions on Digestion and Diet. By SIR WILLIAM ROBERTS, M. D., F. R. S., 12 mo. pp. 261. [Philadelphia: Lea Brothers & Co., 1891.

This collection of lectures constitutes probably the best general review on the subjects, with which it deals, that has appeared for some time. Although the author is not so well known in this country as in England a perusal of the work will satisfy any one possessing a fair idea of the process of digestion that the general principles laid down are such as to entitle him to respect and consideration. The present volume consists chiefly of a revised reprint of the author's Lumleian Lectures on the digestive ferments and artificially digested food, which he delivered before the Royal College of Physicians in 1880, and a course of five lectures on dietetics and dyspepsia given at the Owens College in 1875. In addition to these have been added papers on the therapeutics of starch digestion: on the estimation of the amylolytic and proteolytic activity of pancreatic extracts; on feeding the sick; and on the use of gastric antacids.

The contents of the work have been arranged in four sections. The first deals with digestion and the digestive ferments; the second with dietetics, the third with the preparation of food for invalids; and the fourth with dyspepsia. In this last section the acid dyspepsia of healthy persons is considered and it is a chapter which alone is worth the price of the book and

one which could be read with profit by many. There seems to exist such a hazy and indefinite idea of what constitutes dyspepsia in general, and the special varieties in particular, that it is a matter of frequent occurrence for the victims of this trouble to suffer for a long time before they are enabled to obtain anything like relief from the intolerable condition which renders their life a burden.

The subject of digestion is so fully and clearly set forth that, after reading what the author has to say on this subject, it becomes a matter of surprise that everything he says should not have been perfectly known and understood before seeing what he has to say on the matter.

We predict a good sale for this meritorious little work, and we feel sure that every one possessing a copy of it will prize it highly as a valuable work of reference as well as a constant source of instruction.

It is printed in large, clear type on superior paper and issued in Leas' best style, the binding being elegant and durable.

Tables for Doctors and Druggists. Comprising: Table of Solubilities. Table of Reactions and Incompatibles. Table of Doses and Uses of Medicines. Table of Specific Gravities. Table of Poisons and Antidotes. Compiled by ELI H. LONG, M. D. Large 8vo. pp. 133. [Detroit: Geo. S. Davis, 1891.]

This is, without doubt, one of the most handy reference books we have seen for a long time. It contains such a vast amount of useful information compressed within its two covers that we can hardly understand how it is that no one thought of such a thing before. The compiler has done his work in a masterly manner and has taken the additional precaution of having his work looked over by gentlemen perfectly competent to fill such a task. As a result we find a systematic guide in which every statement may be relied upon as trustworthy. A pleasing feature to note is that the majority of the later additions to our therapeutical resources have not been forgotten.

We can cheerfully recommend these tables to all those engaged in the practice of medicine and of pharmacy and none should be without a copy within easy access.

Literary Notes.

Vacation Time with Hints on Summer Living is a handy brochure written by Dr. H. S. Drayton, and for sale by the Forbes & Brills Co., of New York. The author covers much ground, including practical hints on diet and dress. He talks of life at the sea side and in the mountains, of boating, excursions, etc., giving his reader not only sound advice for the enjoyment of all that pertains to summer pleasures, but also how the most benefit may be combined with the greatest amount of satisfaction so far as the pleasant features are concerned.

Practical Intestinal Surgery, by Dr. John B. Robinson, is one of the best numbers recently issued by the Physicians Leisure Library, of Geo. T. Davis, Detroit. The author has devoted much time to the experimental study of the subject, and this he has wisely added to his clinical experience. In the two little volumes which constitute the work, will be found the points of much labor which has been far from unproductive in results. To those who are just engaging in the study of the subject this work will prove of the greatest help; and to those who are acquainted with it, there will occur, throughout the text, valuable suggestions and hints. The volumes are sold at 25 cents each, and are published uniform with the rest of the series.

Addresses, Papers and Discussions in the Sections of Practice of Medicine and Physiology, Obstetrics and Diseases of Women, State Medicine, and Surgery and Anatomy, constitute four handy little volumes, reprinted from the *Journal of the American Association*. The contents constitute the material presented before these various sections, and form really very valuable material to those interested in the various branches of which they treat. We cannot too highly commend this move and anxiously look forward to a similar series in respect to the other sections. The papers are not only valuable in themselves, but their utility is enhanced by the discussions which

are given. Moreover, there is a grouping together of all the works in each given section, which renders ready reference a comparatively easy matter. These valuable brochures may be obtained by addressing the office of the Association Journal at Chicago.

Pulmonary Consumption a Nervous Disease, is the title of one of the Physicians Leisure Library, by Dr. Thomas J. Mays. The author has made a very ingenious argument to sustain his position, and *en passant*, has introduced a great deal of interesting information. We are inclined to doubt, however, that his conclusions will be accepted in the present light of scientific research. It requires more than clever argument to establish a fact; and, in the present instance, we cannot regard the reasoning at all conclusive. As to the value of the work presented to us there can be no doubt. It is of such a character as to redound to the greatest praise of the author, and shows him to be a clever, conscientious and pains-taking writer. Every physician is certain to profit by its reading. Geo. S. Davis, of Detroit, is the publisher, the price of the work being 25 cents.

Books Received.—The following books were received during the past month and will be reviewed in future numbers of the JOURNAL:

Essentials of Anatomy, and Manual of Practical Dissection, together with the **Anatomy of the Viscera**; Prepared especially for Students of Medicine by Charles C. Nancrede, M. D. Fourth Edition, Revised and Enlarged by an Appendix containing Hints on Dissection, by T. Chalmers DaCosta, M. D. Based upon the last Edition of Gray's Anatomy. Thirty Handsome Full Page Lithograph Plates in Colors, and 186 fine Wood Cuts, 12mo., pp. 388. [Philadelphia: W. B. Saunders, 1891. Price in Cloth or Oil Cloth, \$2.00; Sheep, \$2.50.

Artificial Anæsthesia and Anæsthetics, by De Forrest Willard, M. D., Ph. D., and Louis H. Adler, Jr., M. D., 12mo. pp. 144. Physicians Leisure Library. [Detroit: Geo. S. Davis, 1891. Price, 25 cents.

Pamphlets Received.—We have received the following pamphlets and reprints during the past month, and take this

opportunity in returning our thanks therefor: Which is Scientific Medicine? A Comparison of Allopathy and Homoeopathy based on the Study of Arsenic, by H. W. Van Denburg, A. M., M. D. (Reprinted from the *Hahnemannian Monthly*, Oct. 1891.); Tumors of the Naso-Pharynx, Pharynx, Larynx and Oesophagus, by W. Cheatham, M. D. (Reprinted from the *New York Medical Journal* for Aug. 15, 1891.); The Snook-Herr Poisoning. The Official Investigation, preliminary and final, by H. M. Goodman, M. D. (From *American Practitioner and News*, April, 25, and Aug. 29, 1891.); Announcement of the Oak Grove Hospital for Nervous and mental Diseases, Flint, Mich. ; The Scientific Rationale of Modern Wound Treatment, by Henry O. Marcy, A. M., M. D., LL. D. (Reprinted from *Journal of the American Medical Association*, July, 18, 1891.), With What Shall We Vaccinate? By Samuel Wolf, M. D. ; Consciousness from a Medical Standpoint, by Samuel Wolf, M. D. (Reprinted from the *Journal of Nervous and Mental Disease*. Sept., 1891.); Thirty-first Annual Announcement of the Bellevue Hospital Medical College, 1891-92; Annual Announcement of the Buffalo College of Pharmacy for the Session 1891-92; The Relation of Concussion of the Brain and Spinal Cord to Inflammatory and other Morbid Conditions of these Organs, by B. A. Watson, A. M., M. D. (Reprinted from the *Journal of the American Medical Association*, July 18, 1891.); Artificial Modifications of Climate, by Samuel Wolf, M. D. (Reprinted from the *Annals of Hygiene*, Aug., 1891.); The President's Address read before the Illinois State Medical Society at Springfield, 1891, by J. P. Matthews, M. D., Carlinville, Ill. ; Fiftieth Annual Announcement of the St. Louis Medical College, 1891-92; Second Report of the Superintendent of the Johns Hopkins Hospital, for the year ending Jan. 31, 1891; The Influence of Medicine on Human Culture, by Hugo Summa, A. M., M. D. (Reprint from *Medical Mirror*); Influence of Heredity in Producing Disease and Degeneracy. The Remedy, by Gonzalva C. Smythe, A. M., M. D. (Reprint from *Trans. Ind. State Med. Soc.* 1891.); One Thousand Cases of Labor and their Lessons, by G. W. H. Kemper, M. D. (Reprint from the *Medical News*, Sept. 12, 1891.); Programme des Cours de la Clinique Française (Hôpital International, Enseignement Supérieur Libre) pour l'année 1891.

Society Proceedings.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

This association held a successful meeting in St. Louis October 14, 15 and 16 last. The attendance was quite large and the majority of the papers announced were read. So far as the scientific work was concerned the meeting was a pronounced success. In regard to the social features but little need be said. The well-known hospitality of St. Louis is such that nothing but a royal good time could be expected and this is what all those who came received. The next annual session will be held in Cincinnati in October, 1892, the following constituting the staff of officers: President, Charles A. L. Reed, of Cincinnati; First Vice-President, C. S. Bond, of Richmond, Ind.; Second Vice President, J. H. Stucky, of Louisville, Ky.; Secretary, E. S. McKee, of Cincinnati; Chairman Committee of Arrangements, Jos. Ransohoff, Cincinnati.

We feel confident that the coming meeting will prove a great success also. In fact, the continued years of success of this association have made it a National feature so far as medical societies are concerned.

PAN AMERICAN MEDICAL CONGRESS.

The committee on organization of the Pan American or Intercontinental Medical Congress, met at St. Louis, October 15th and 16th last. The principal business transacted was the election of permanent officers, which was effected with the following result: President, Dr. William Pepper, Philadelphia; Secretary-General, Dr. A. C. L. Reed, Cincinnati; Treasurer, Dr. A. M. Owen, Evansville, Ind.; Board of Trustees, Drs. P. O. Hooper, Little Rock, Ark.; H. O. Marcy, Boston; J. J. Kenedy, Des Moines, Io.; H. D. Holton, Brattleboro, Vt.; A. Walter Suiter, Herkimer, N. Y.; W. T. Briggs, Nashville, Tenn., and George F. Shrady, N. Y.

The following are the chairmen of the various Sections of the Congress: Dr. V. C. Vaughan, Ann Arbor, General Medi-

cine ; Dr. J. B. Hamilton, Chicago, General Surgery ; Dr. G. M. Sternberg, Washington, D. C., Military Medicine and Surgery ; Dr. J. W. McCleane, New York, Obstetrics ; Dr. W. W. Potter, Buffalo, Gynecology and Abdominal Anatomy ; Dr. J. B. Roberts, Philadelphia, Anatomy ; Dr. Austin Flint, New York, Physiology ; Dr. Samuel O. L. Potter, San Francisco, Therapeutics ; Dr. F. Delafield, Philadelphia, Pathology ; Dr. John M. Keating, Colorado Springs, Diseases of Children ; Dr. Julian J. Chisholm, Baltimore, Ophthalmology ; Dr. E. Fletcher Ingalls, Chicago, Laryngology ; Dr. C. M. Hobby, Iowa City, Otology ; Dr. A. H. Ohmann-Dumesnil, St. Louis, Dermatology ; Dr. Ap. Morgan Vance, Louisville, Orthopædics ; Dr. Stanford E. Chaillé, New Orleans, Hygiene ; Surgeon-General Browne, United States Navy, Naval Hygiene and Quarantine ; Dr. C. H. Hughes, St. Louis, Diseases of Mind and Nervous system ; Dr. D. B. St. John Roosa, New York, Medical Pedagogics ; Dr. F. W. Draper, Boston, Medical Jurisprudence.

The Vice Presidents, for the United States, were not elected because there was not a full attendance of the Committee. The members of the Committee from each State will be requested to furnish the nominations for the positions.

A sub-committee is in charge of the work of nominating Secretaries, English and Spanish for each Section, with power to act, and they will probably report within the next month.

The regulations fix a fee of \$10.00 for membership.

Dr. Frank W. Reilly has been appointed Secretary of the Illinois State Board of Health, to succeed Dr. Rauch. Dr. Reilly has had some experience in the work, and has been for four years the managing editor of the Chicago *Daily News*. It is not likely that the good work inaugurated by Dr. Rauch will in any way suffer in the hands of his successor.

Influenza in Portugal.—During the month of August the northern parts of Portugal were visited by a severe epidemic of influenza, which, in a large proportion of cases, assumed a form resembling typhoid fever. A good many cases also occurred in Lisbon, and in one week of August the mortality from pneumonia, and in another that from intestinal catarrh, was exceptionally large.

Melange.

Suing Physicians for not Reporting Contagious Diseases.—Health Commissioner Ware, of Chicago, had suits instituted against a number of physicians for failing to report to the Health Officer, cases of contagious diseases. The law requires an immediate report of all contagious diseases, under a penalty of a fine of one hundred dollars. We trust that the suits will be brought to trial and the constitutionality of the law compelling physicians to give their time and experience to the State for nothing tested.

Mortality of Cancer in England.—During the years from 1851 to 1860 the mortality from cancer among males was 195 in 1,000,000 and in women 435 in 1,000,000, from 1871 to 1880 it was 315 in men and 622 in women; that is, it rose 62 per cent. in males and 43 per cent. in females. The *Allgemeine Wiener Med. Zeit.* from which this is taken goes on to state that in the year 1889 the total mortality in England, from cancer, was 18,654, giving a proportion of 643 to 1,000,000 living persons. This probably indicates a stronger increase of the disease, which can not be entirely ascribed to the hypothesis that relapses are better diagnosticated than formerly. What we desire to add, however, is that many cases of what formerly remained unrecognized are now diagnosticated and this necessarily raises the rates. For purposes of comparison at least another decade must elapse before reliable statistical tables can be drawn up.

Morbid Winking by Miners.—Dr. Snell persists in his opinion that there is no reason for supposing that nystagmus or the nervous disease which manifests itself in a morbid winking of the eye, so common among miners, is attributable to working by the imperfect light of the safety-lamp, says the *Medical Record*. The fact that the complaint is found among the workers with naked lights is in itself sufficient to throw doubt upon the long-prevalent theory. The Government Inspector of Mines for the Midland District, notes, on Dr. Stokes authority, the case of a man, who, after working with

the Davy lamp for fourteen years without injury, proceeded to work at a pit where candles were used. He had been employed there for some three and one-half years, and during the last twelve months he experienced symptoms of nystagmus, and had ultimately to leave work and seek medical aid. Dr. Snell has collected a mass of facts, and a record of a large number of instances of men suffering from the affection, which will, he believes, be very corroborative of the views he has before set forth, namely, that the prime cause of the affection is to be found in the position assumed by the miner at his work.

Teeth in Congenital Syphilis.—Dr. Robert B. Morison states in a paper (*Medical News*) that the condition of the teeth in congenital syphilis upon which Fournier dwells at so much length cannot, it seems to him, be of much importance for us in our well-to-do classes as in Europe. The care taken of the teeth by our people and the skill of the dentists, seems in many cases to remove the chance of disfiguration which usually follows hereditary syphilis. At least it has been his experience that the appearance of the teeth in people of this country is less a factor in diagnosis than it is in Europe. Nevertheless, the teeth do frequently show characteristic changes that point to a previous history. I am much inclined to share in this opinion. A number of cases which I have had occasion to observe show in no respect, the notched teeth. Plaster casts of the dentures, however, revealed, marked and peculiar irregularity of the teeth, a vaulted palate, and a narrowing of the anterior portion of the dental arch. Moreover, I have had occasion to observe various forms of erosion of the teeth in individuals who were in no manner syphilitic, whose family history was perfectly clear of anything of the kind and in whom nothing but defective nutrition could be traced.

Suicide in European Armies.—Dr. R. Longuet has collected statistics of suicides in European armies, with the following results :

The Austrian army had 122 suicides per 100,000 men from 1875 to 1887. The maximum occurred in 1886, with 149 per 100,000, a mean of 40 per 100,000 attempted suicides having proved abortive. Suicide has sensibly increased : from 1870 to 1874, 89 per 100,000 ; from 1875 to 1880, 112 ; from 1881 to

1886, 131. The suicides amount to 20 per cent. of the total mortality of the Austrian army; there is no disease more deathly; typhoid fever, pneumonia and in certain years, tuberculosis cause a smaller number of deaths.

The German army had 67 per 100,000 from 1878 to 1888. From 1847 to 1858 there were 61. In addition there were ten attempts at suicide per 100,000.

The Italian army had 40 suicides per 100,000 from 1874 to 1889. Contrary to what had been upheld the suicide mortality of the Italian army is about stationary.

The French army (interior) had 29 suicides per 100,000, from 1872 to 1899. From 1862 to 1869 there were 47 per 100,000. This reduction which corresponds to the new recruiting conditions is considerable. In Algeria the French army has twice as many suicides as in the interior; 63 per 100,000 from 1872 to 1879.

The Belgian army (interior garrisons) 23 per 100,000 from 1882 to 1888.

In India the Governor-General of Bengal has found during the same period a double suicide mortality, 47 per 100,000.

The Russian army, 20 suicides per 100,000 in 1846.

The Area and Population of the Globe.—The recent publication of the *Bevölkerung der Erde*, of Drs. Wagner and Supan, by Perthes, of Gotha, gives us the most reliable information as to the area and population of the earth now obtainable. The estimate for the total population of the earth in this present year is 1,480 millions, or an increase of forty-six millions over the estimate for 1882, when the last edition of these statistics was published. The exact enumeration of 836 millions (about fifty-six per cent. of the whole population of the globe) has now been accomplished by census or registration. The population of the chief divisions of the globe is, in round numbers: in Europe, 357 millions, giving ninety-four inhabitants to each square mile of area; Asia, 825 millions, or forty-seven to the square mile; Africa, 163 millions, or fourteen to the mile; America, 121 millions, or eight to the mile; Australia, three millions, or one to the mile; and in the Oceanic Islands, seven millions, or ten to the mile. In Europe, Belgium exceeds all countries in density of population, with 530 persons to a square mile; next

follows Holland, with 365; and the United Kingdom, with 312; but whereas in England the density is 480, in Scotland it is only about one fourth, and in Ireland about one-third that of England. In Norway and Finland, the most thinly populated countries of Europe, there are only about sixteen persons to the square mile. Of China the estimate is 361 millions, giving a density of about seventy-seven to the square mile. It is in respect of Africa that the greatest doubt necessarily exists. The statistics make it manifest that there are still vast areas of the habitable surface of the earth almost, if not quite, unpeopled; and which will for many a long year to come receive the surplus millions of Europe and other parts of the globe in which the density of population is most keenly felt.

Advice to a Young Doctor. — The following letter, written eighty years ago by Dr. Benjamin Rush, applies so well to present conditions and is so full of sound advice that we publish it here (*Med. Record*):

PHILADELPHIA, April 21, 1812.

DEAR SIR: The facility with which a medical education is acquired in our country has multiplied physicians to such a degree that I do not know of a spot in the United States in which you would fix yourself with more advantage than in the one you now occupy. Competition and slow pay are now the conditions of a medical life everywhere. My advice to you is to remain where you are; you will grow with the growth of the settlement. Purchase upon credit, if possible, a small farm; a little debt will make you industrious and furnish you with an excuse to send in your bills as soon as your patients recover. Employ the leisure which a healthy season will give you, in agricultural labors; the more you will obtain in this way the more independent you will be of your patients, and, of course, the more you will be courted by them. Happiness does not consist in wealth. A competence, books, alternate labor and ease, to use the words of the poet Thompson, a good wife, a few friends, vicinity to a church, and conduct regulated by the principles of the Gospel constitute the sum total of all the happiness this world is capable of giving, and these may all be possessed and enjoyed in your present situation.

From, dear Doctor,

Yours truly and affectionately,

TO DR. PETRIKEN.

BENJ. RUSH.

Interviews with Physicians in the Public Press.—

Divers events have impressed upon us recently the necessity that some position should be adopted by the profession on this subject, says the *Lancet-Clinic*, which will protect them on the one hand from charges of unprofessional conduct, and on the other will permit such exposition of their views as it is proper the public should possess. Physicians as a class are men of education and influence in the community. They hold decided views and can usually enunciate them forcibly and clearly. There are many questions directly connected with the practice of their profession in which the public rightfully take a deep interest, and upon which it is proper they should be enlightened. There would seem, therefore, to be no good reasons why medical men may not set forth their views on such topics in the shape of interviews or articles in the public press. The various questions of hygiene and prophylaxis, of the proper care of defectives and criminal delinquents, of epidemics and contagion, are directly related to the physician's work and also of great interest to the public. If a physician chooses to give to the public an impersonal presentation of such subjects, we cannot see that there is any valid reason for criticising his action in so doing. The spirit of the code of honor, or ethics, under which we operate, is such, however, as to prohibit any self-aggrandizement thereby. Its modesty, dignity, conservatism and spirit of justice require that the ego should be kept in the background, that advancement should depend upon merit alone, and that the critics determining this merit should be those competent to decide it. Out of this grows the prohibition of the adjudication of medical subjects by the public. They are not competent to pass intelligent judgment on the merits of any technical medical subject, and consequently it is not proper to present it to them for that purpose. Thus it is that such reports of operations as we have seen on several occasions of late in the daily press are offensive to good taste and contrary to the spirit of the code of ethics. An operator is lauded and an operation described as most difficult, described in detail and held up as wonderful, when the entire result is not the enlightenment of the public in anything which can be of use to them in any manner, but to bring into unmerited prominence an operator, and an operation that perchance is

done daily in the same community. The public is duped instead of instructed, and the operator receives a commendation to which merit does not entitle him. In a similar manner it is reprehensible in a physician to give in an interview an impression that he has methods of treating disease superior to those of his competitors, or to make a display of his equipment therefor to those not competent to judge of its efficacy. The same object is found in each case, viz.: not the edification of the public in matters essential to their protection, but the elevation of the physician into a position before the public unmerited by his attainments, and the parading of an operation before them in the details of which they can have no rightful interest. It would follow, therefore, that careful discrimination is required in the permission of the publication of such interviews. We do not wish to be understood as condemning every physician whose name has been brought into unenviable prominence in this connection in this city recently. We know that some at least have been the victims of over-anxious and indiscreet reportorial colleagues, whose desire to get copy for their papers has led them to do a professional brother a grave injury. Every physician who permits an interview takes his professional reputation into his own hand, however, and must be held responsible for the misuse which the reporter makes of it. The only safe position to take is to deny all kinds. We say this with a personal practice which is at variance with this custom, but which teaches us that it is the only safe rule to adopt. Professionally speaking, our profession has been scandalized by some serious offences in this direction of late in this city, and some expression of views would seem to be required of some regularly constituted medical authority. We do not desire to be personal nor to single out any individuals. We have had interviews published ourselves, and we are quite willing to abide by any censure which may be imposed. If there is not some limitation soon placed, however, there will be but little distinction between the gratuitous advertisement furnished in this manner and the paid columns of the professional quack who derives his sustenance entirely from the credulity and ignorance of the public.

The "Sleeping Sickness" of West Africa.—Dr. H. Grattan Guinness, of London, has recently visited the Congo

Free State, and writes home to Dr. Patrick Manson concerning the "sleeping sickness," as it is termed, among the negroes living along the river Congo (*N. Y. Med. Jour.*) He had an opportunity to investigate the symptoms of twelve or more typical cases. He examined the blood in each of these cases, and found that filariæ were present in all. The most intelligent and brightest members of their tribe or village are frequently among the first to be taken down. Active workers become lazy, or more properly speaking, indisposed to labor; in consequence of the approaching hebetude peculiar to this disease—and then grow physically feeble. They rapidly deteriorate mentally, and frequently there are developed a stubbornness and perversity which weary out their friends. This is especially true of those who refuse to admit that they have been smitten with the malady, though it is all too evident to others. Insidious somnolent symptoms commonly first attract the attention, but perhaps more frequently there is observed a change of countenance, a lack-luster state of the eyes and skin, a puffiness of the cheeks, and a loss of brightness or keenness of perception and attention.

The maniacal form of the disease is quite rare. At a village called Banza Manteka there have been a hundred deaths among the natives by this disease, and in only four of the cases was there a maniacal history. One of these may have been a case of febrile delirium, as death was believed to have occurred from high fever and neglect; the three other victims probably were starved to death.

Thus far the foreigners, whether white or colored, have been exempt from the disease. Dr. Guinness did find that the disease was known in the towns nearest to the coast. The greatest known prevalence is reported from a village about a hundred and fifty miles up the river Congo. One case only of sleeping sickness has been seen and studied on English soil, and that was the case of a person who died recently at the London Hospital, a patient of Dr. Stephen Mackenzie's. He was a young negro from the middle Congo, who recognizing the nature and almost certainly fatal issue of his malady, traveled upward of six thousand miles to offer himself, and his body after death for the benefit of science and of his suffering fellow-tribesmen his hope being that the English physicians might be enabled to study out the ætiology and

prophylaxis of this hitherto incorrigible disease, Dr. Mackenzie has reported to the Clinical Society of London the fact of the occurrence of the *Filaria sanguinis hominis* in the case of this heroic young man, but beyond that item of information no particular advantage has thus far been reaped from his long journey. To this discovery of the filaria Dr. Mackenzie attached very little importance, and in this opinion he was supported by Dr. Patrick Nanson, whose authority is exceptionally high in such a matter, and who expressed the belief that the association of filarial infection with the morbid somnolence was non-essential and fortuitous. Whether this opinion will be persisted in when the findings of Dr. Guinness, above referred to, come to be weighed, remains to be seen.

Professor Ludwig Mauthner, of Vienna, has called attention to the reported frequency of ptosis as a symptom of sleeping sickness. Ptosis was present in the London Hospital case, and thus confirms the following theory of Mauthner's as well as the casual statement of Dr. Junker, the African explorer, that this symptom is an important one and is held by the African doctors to be a marked prognostic of the onset of lethargy. Mauthner's designation of the malady is "a chronic endemic morbid somnolence of the negro," and his interpretation of its causation is that it is an inflammatory process affecting cerebral motor areas. In his view, it is a *poliencephalitis superior*, an inflammation of the central gray cavities of the third ventricle, the gray matter of the walls of the aqueduct of Sylvius, and the floor of the fourth ventricle, these being correlative to the apathy, depression, muscular enfeeblement, and lethargy, while an extension of the process of inflammation to the nuclei of the efferent cranial nerves would give rise to the focal symptom of ocular paralysis, inclusive of ptosis. In the absence of an ascertained pathological lesion different from the foregoing, Mauthner's explanation constitutes the most reasonable hypothesis that has hitherto been presented. The endemic nature of the disease is accepted by Hirsch, Corre, Manson, and some others, but that it is not malarial in origin seems to be demonstrated by the fact that, while the Europeans living in the region where the sickness occurs contract the malarial fevers which are abundantly prevalent in the Congo valley, the blacks only are subject to the lethargy. The London Hospital patient gave no history of malarial infection, and an examination of the blood for the *Plasmodium malarix* had a negative result. Dr. Manson is inclined to the belief that the disease will be found to be a food disease. The traveler Stanley has suggested that the uncooked manioc is the cause of much sickness and death among the natives.

Miscellaneous Notes.

Epilepsy and Chorea, by A. F. Watkins, M. D., Potosi, Mo., I find your Neurosine a valuable nerve tonic. I also find it the best remedy in epilepsy I have ever tried, and in chorea I look upon it as the best.

A New Food.—Lacto-Cereal Food is a new product recently put on the market by Reed & Carnrick, of New York.

It is prepared from milk, cereals and fruit, and is not only palatable, but highly nutritious and easily digested.

Great progress has been made in recent years in making food to meet various indications. The Lacto-Cereal Food is especially prepared for invalids, the aged, and for convalescents who need a palatable, digestible, perfect food for building up waste tissues at the least possible expense of digestive effort.—*Dietetic Gazette*.

Examiner (to aspirant for pharmaceutical honors): "Well, now Mr. Murphy, tell me how you would prepare extract of logwood?"

Candidate (hesitatingly): "I'd—I'd get me logwood, sur."

Examiner (approvingly): "Just so, Mr. Murphy."

Candidate (confidently): "I'd get me logwood, sur, and—and—" (after a long pause, desperately) "put it in a tincture press; squeeze the juice out av it; filter through paper; boil, to soften the albumin; thin evaporate to a syrupy consistency, decant the ethereal solution, and preserve in a stoppered bottle." Entire collapse of examiner.

REDFIELD, SOUTH DAKOTA, May 21, 1891.

REED & CARNRICK, NEW YORK.

Dear Sirs—I have had a very agreeable experience with your Soluble Food, my little boy of twenty months having consumed over eighty pounds of it since October last. I had tried nearly every form of artificial feeding and the prepared foods, none of which were assimilated. Finally he was put upon Soluble Food and since that time he thrived and grown hearty.

I notice that you have lately put upon the market several new specialties. If you will kindly send samples I shall be glad to make trials of them in my practice, and if I find each in its sphere as valuable as Soluble Food, you may be assured that I shall heartily commend them. Very truly yours, E. W. MURRAY, M. D.

Little girl.—"If I should die and go to heaven, would I have wings?" Mamma—"Yes, my pet; and a crown and a harp." "And candy?" "No." "Well I'm glad we've got a good doctor."—*Scranton Truth*.

Gonorrhea.—

R. S. H. Kennedy's Ext. Pinus Canadensis	2 ounces.
Glycerine	1 ounce.
Port Wine	2 ounces.
Hydrastia Sulph.	4 grains.
Aquæ Destill.	2 ounces.

The following is said to have happened in a certain Bible class at a very noted female college in Virginia :

Lady Teacher—Miss Annie, what do you understand by the word "circumcision" used in to-day's lesson?

Miss A.—It is taking the scalp off of a male baby when eight days old.—*So. Med. Record*.

N. A. Sackett, M. D., Ewing, Neb., says: Celerina I have tested in two cases of nervous headache. One case was a man of about thirty-five years of age, who had been subject to attacks for a number of years as often as every two weeks. I prescribed an ounce in two ounces of port wine, to take a teaspoonful four times a day. He has not had an attack since, although two months have elapsed. The other was a lady of about the same age, who has had similar attacks for the last five years. She has had no recurrence of the trouble since, and moreover she has passed two monthly periods without the usual dysmenorrhea, with which she is afflicted at that period. I shall continue to prescribe it in cases in which it is indicated, and will report more fully in future.

Dr. Y. :—"You, sir, why you prostitute your position as a member of a noble and honorable profession by encouraging the drinking propensities of the people, filling our prisons and work-houses by your vile principles, sending the loveliest of our young women to a life of shame, enticing our young men from their ginger-beer and hymn-books—yes, sir, you do. I saw a prescription of yours only yesterday for a child, an infant, sir—three minims of vin. ipec. to the dose—three drops of 'death in the pot,' minim measure, I mean. Yah! you wicked man, keep your temper, will you, if you are sober. Bah! you smell of sp. eth. nit."

Dr. X. :—"Sir, you misquote Scripture; I'll none of ye!"—*Hosp. Gaz.*

Epileptic Case of Long Standing.—In an epileptic case of long standing I used Peacock's Bromides with excellent results, the intervals between the attacks have been greatly lengthened and their violence much lessened. I regard Peacock's Bromides as a superior preparation and shall continue its use in cases where it is indicated.

J. G. WALLACE, M. D., Dade City, Fla.

Heart Failure.—"Ever had your life insured, old fellow?"

"No. Companies won't take me. Heart action too feeble. Nobody to insure my life for anyhow."

"Ain't you married?"

"No. Heart action too feeble for that, too."—*Chicago Tribune*.

Vehicle.—A Philadelphia physician was called by a foreign family, and prescribed "One pill to be taken three times a day, in any convenient vehicle." The family looked into the dictionary to get at the meaning of the prescription. They got on well as far as to the word vehicle. To this they found cart, wagon, carriage, wheelbarrow. After a grave consideration they came to the conclusion that the doctor meant that the patient should ride out, and while in the vehicle he should take the pill. The supposed advice was followed to the very letter, and in the course of a few weeks, the fresh air taken so regularly completely cured the patient.—*Cincinnati Artisan*.

BEDFORD, O., June 3, 1891.

MESSRS. REED & CARNICK, NEW YORK:

Gentlemen:—Two years ago I took diarrhea and was treated for it by a number of physicians with only temporary relief. I received some of your Panerobilin, and I am happy to inform you that one bottle was sufficient to do the work in my case. It *entirely cured me*, and I have not had a return of the trouble since. My weight was reduced from 175 to 140, have now regained my former health and weight. You are at liberty to publish the above over my signature.

Yours truly, R. R. ANDERSON, M. D.

"Was dat right, doctah?" "I guess so." "Later on I changed to a poultice of wild onions. Was dat right?" "It might have been." Den I soaked his feet in hot water wid wood ashes in it, and put a mustard poultice on de back of his neck." "Yes." "Den he allowed he felt wuss, an' so I changed de mustard to his stomach, and soaked his head. He dun complained all de mawnin', an, now I'ze got mustard on his feet, a poultice on de middle, horse radish on his neck, an' he's takin' sassafras tea to warm up de inside." "Well!" "Wall, if dere's been any mistake doan't let on to de ole man. Just skip it ober." The doctor went in and examined the patient, and found he had a broken rib, and told him what to do for it. As he left the cabin the woman followed him out and exclaimed, "Fo' the Lawd, doctah, but what a blessin' dat you dun come along! I was dun doctorin' de ole man fur softenin' of de brain, an' if I hadn't cotched you to-day I was gwine to try to harnen 'em up by mixin' sand wid his porridge!" And so the doctor got away. How many have had such experience?

"What kind of a physician is Dr. Pyrine?" "Splendid. I never saw his equal. His diagnoses are wonderful. He makes dead sure thing of it every time." "Does he. Well I guess I won't have him?"

Depends on the Size.—Faith Physician: "If you had faith enough you could move a mountain."

Lady:—"But it's only a mole I want removed. How much faith is required for that?"—*Pharmaceutical Era*.

ROSSVILLE, July 16, 1891.

ANTI-KAMNIA CHEMICAL COMPANY, SAINT LOUIS, MO.:

Gentlemen:—After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made.

After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia, which I also consider an unequalled febrifuge. Indeed, its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth so as to be encouraged in your work,

CALEB LYON, M. D.

Uncle Rastus:—"My libber peers to be sickish 'gain doctur. What fur shall I take dis time?"

Doctor:—"Well, uncle, you've taken nearly everything there is—'spose you take some exercise to-day."

Uncle Rastus, (ten minutes later)—"Druggis sez, sah, he dun have nun hisself. Reckon must be powerful skace medsun, sah."
Pharmaceutical Era.

BLOOMSBURG, PA.. August 15th, 1890.

Messrs. Reed & Carnrick: Following is an extract from an editorial in a recent number of the *Times Register*. In speaking of milk the writer says it is "variable in composition; disease transmitting; liable to adulteration; prone to decomposition; apt to absorb disease; of the utmost difficulty to preserve; a culture ground for almost every known disease germ if there is a *Boa* quality which a food can have which may not be found in milk, the writer knows it not." All of which after an experience of thirty-six years I believe to be true; and I will add that if there is a better infant food (except the mothers milk) in the world than Reed & Carnrick's Soluble Food and Lacto-Preparata, I have not heard of them.

Respectfully, J. C. RUTTER, M. D.

THE ST. LOUIS Medical and Surgical Journal.

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VOLUME LXI.—DECEMBER, 1891.—No. 6.

Original Contributions.

A CASE OF INTRA-URETHRAL CHANCROID. By A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

While chancroids are of frequent occurrence, in general, it will be found that the majority involve the prepuce in the male. The glans is not an infrequent seat of the lesion, but the urethra is rarely involved; or, if not rarely, at least so infrequently that every case possesses a particular interest of its own. In considering chancroids of the urethra, we must be careful to distinguish. We must be careful not to confound one condition with another; for, in some varieties chancroids of the urethra are by no means uncommon; whereas, the condition I intend to describe is a very rare one, so rare that up to the present I have not been able to find a description of it, which would be at all satisfactory.

A rough classification of the different varieties might be made as follows: 1°. Chancroid of the meatus. 2°. Urethral chancroid. 3°. Intra-Urethral chancroid. In the first instance we have a condition of not infrequent occurrence. The lips of the meatus urethræ are infected, and as a result, we have a lesion which is typical, each lip contributing its half. The depth of the lesion is not great, although the tumefaction of the tissues give it a relative size, which seems to be out of proportion to the parts involved. The lips of the meatus get glued together, and urination produces quite a degree of pain and burning. In the second variety we have a condition in

which we note an accentuation of the first. To all appearances it began as chancroid of the meatus and the infection proceeding into the urethra, a more or less long lesion is produced on the mucus wall of the canal, its extent depending upon the rapidity of extension. On the opposite wall we have an exact reproduction of the lesion. The urethra discharges pus quite freely; there is a constant pain present, and an intense scalding upon urinating. In the third variety, which I have named intra-urethral chancroid, we have a totally different state of affairs, and one which, in my experience, is rare. Here we have the presence of a chancroid within the urethra, at some distance from the meatus, the lesion being distinct, circumscribed and entirely unconnected with any other lesion of a similar character. On the opposing urethral surface there exists a similar lesion. A purulent discharge exists, with intense pain on urination, and in addition a constant pain referred to a point immediately back of the corona.

Such, in brief, are the salient distinctions, and without dilating upon them I will briefly recite the history of a case which I had occasion to observe recently.

CASE. — Mr. Z., a young married man, aged twenty-six, in straying away from the paths of virtue acquired what he called "chancres and clap." He was treated by a physician; but, not being satisfied with the progress of his case, he called upon me. Examination at this time revealed a condition of affairs which was anything but encouraging. The foreskin was the seat of eight chancroids. On the left side there existed one as large as the thumb nail, located in the balano-preputial sulcus and encroaching upon both the glans and prepuce. A serpigenous tendency could be noted in this lesion. Going toward the right two small chancroids existed upon the prepuce, then three upon the glans, and then one on prepuce, each one of these being somewhat smaller than a split pea. On the extreme right, a chancroid existed about the size of the small finger nail, located near the frenum and involving the prepuce glans, and balano-preputial sulcus.

All of these chancroids were painful to quite a marked degree. Pus was pretty freely formed and a general tendency to enlarge could be noticed in the lesions.

An examination of the inguinal region revealed the pres-

ence of a large inflammatory bubo in each one. These buboes were typical and the fluctuation in each was quite distinct.

At this stage of the examination I noticed a drop of pus exuding from the meatus urethræ. While this immediately suggested gonorrhœa, the history of the patient was so straightforward, and his description of the subjective sensations of such a nature that I determined to explore the urethra and

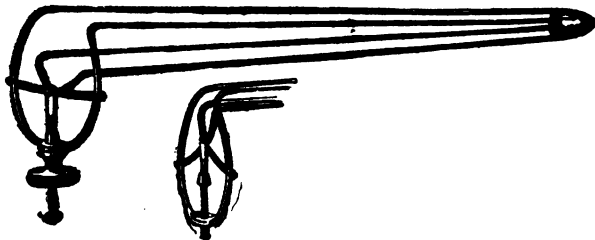


Fig. 4. White's Urethroscope (furnished by Hokenamp, Grady and Moore Surg. Inst. Co.).

definitely settle the cause of this discharge. Accordingly I introduced White's urethral speculum (Fig. 4) and met a picture as strange at it was interesting. About three-eighths of an inch posterior to a point corresponding to the corona of the glans, could be clearly seen two sharply defined, circumscribed lesions covered with pus. Each lesion was somewhat ovalish in shape and a little larger than an army bean. When the mucous membrane of the urethra was permitted to fall back in place, it could be plainly seen that the lesions corresponded to one another exactly. Moreover, the urethral mucous mem-

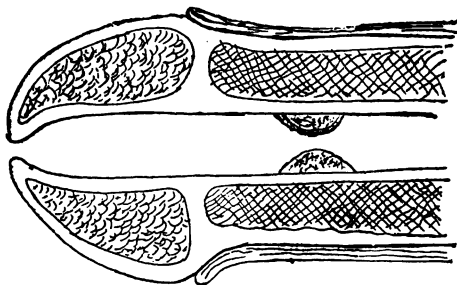


Fig. 5. Diagrammatic Illustration of Intra-Urethral Chancroid.

brane anterior to and posterior to the lesions, as well as in their immediate neighborhood, was apparently normal. A diagrammatic sketch of the condition is given in Fig. 5. So far as

subjective sensations were concerned, there existed a constant intense burning pain. This became still greater when the urethral canal became dilated either by urination, injection, or the use of the speculum.

Such, in brief, is the history of the case. It is with some hesitation that I have reported it, on account of the air of improbability which surrounds it.

In a consideration of the circumstances several factors must be noted. In the first place, were the lesions of the urethra chancroids? They presented all the characteristic objective signs which are found in the soft chancre, and the subjective symptoms were so intense as to preclude the possibility of simple ulcers. Moreover, all the appearances of auto-infection were present, and the *tout ensemble* suggested the chancroid.

The most interesting question which suggests itself, and one which I confess myself unable to answer, is, how did the infection occur? It evidently occurred later than that which produced the external chancroids. The pus was not brought into the urethra by any suction power; nor did it drop in, for it could not have gone so far back. The patient strenuously denied having used any instrument whatever in the urethra, so that it would appear an impossibility to even suggest a possible mode of infection. I discovered one thing, however, and this might throw some light on the question. The patient had a syringe which he employed to inject a prophylactic fluid into the urethra; and, it is just possible that this acted as the carrier of the virus, which caused the lesion of the urethra.

Be this as it may, the condition is a rare and an interesting one. It has confirmed one lesson among others, viz; that a purulent discharge from the urethra is not necessarily gonorrhœal, any more than that a mucoid one is a symptom of gleet; and that an ocular examination should always be made. It has further taught me that the opinion which I have always upheld—respecting careful and thorough examination—is correct, and it is especially valuable in investigating the accessible cavities of the body.

5 South Broadway.

GENOCATACHRESIA. (GENOS—Sex, and KATACHRESIS—Abuse).
ITS FORMS, CAUSES, RESULTS, AND TREATMENT. By CHAS.
EVERETT WARREN, A. B., M. D., Boston, Mass.

In coining this word I have attempted to use roots which shall cover all characters of sexual abuse, or misuse of single or dual form in male or female.

The special word masturbation, loosely used to cover the whole category of sexual sins, is a misleading misnomer, when used in a broad and general sense. In a special sense it is poorly constructed from roots meaning "rape by hand." Essentially feminine in application it is usually male in its connection, although in reality the female sex is as great a sinner against self as is the male. The last meaning rape is, therefore, incongruous in the male sense.

Again, the last meaning, hand, is open to objection, as the vice, in its protean forms, is not always performed by hand. This fact militates against the term self-abuse, since the act is often that of a limited partnership of two, a reciprocity act, as it were.

The term, sexual abuse, on the other hand, includes all forms and types of perverted acts and functions, however and by whomsoever committed, whether by hand or by artifice by and against himself, or by two of the same sex, or by two of opposite sex, whether married by social law, or the physiological laws of love and desire, or hired for the occasion by a suitable compensation.

The term broadly includes Onanism, often, but wrongly, used in place of Masturbation, referring specifically to the "spilling of the sperm," a fraud of married life, but not an uncommon, and certainly a sure method of prevention in unmarried life; Pæderasty or satisfaction per anum, either of male or female; Tribadism or Lesbian love, the satisfaction of a woman by a woman with an abnormally large clitoris. Cunnilingus or the use of the tongue in place of or as a substitute for the male organ; Fellare and Irrumare, sucking the breasts the one active the other passive; Sodomy or Bestiality, the intercourse of a man or woman with animals; these specifically named, and a thousand and one unnamed inventions to give or increase sexual satisfaction, are included under this one term — Genocatachresia.

Aberrations of natural, healthful and essential sexual indul-

gence, arise from two causes, impossibility of lawfully or unlawfully satisfying the inherent physiological desire for union of the sexes, and the desire to increase the pleasure derived therefrom.

In the man without a wife or the woman without a husband, the erotic tendency inherent and natural to each, craves and demands satisfaction, the desire being the greater and abuse in consequence thereof being more common as civilization is more or less advanced, surrounding the individual with more religious, social and civil restrictions preventing intercourse. In savage countries where the body is unclothed and love is free and easy, abuse is comparatively unknown.

As a primary cause we must, therefore, recognize the sexual animus, which, like Banquo's ghost, will not down. Civilization with its numerous environments, psychic cultivation and physical negation, simply and naturally suggests this erotic erethism or high pressure of desire, which must escape through some vent or safety-valve. Forced abstinence induces the evil and creates the remedy. So we have an evil result of high civilization and an evil remedy of the same civilization, each worthy of a savage origin.

The habit may arise spontaneously and autonomously, by accident or self-suggestion, or it may be taught by another. The exciting causes may be common to both sexes, or special in one sex.

The organs are, by nature, placed in a situation fraught with danger. The small boy, innocently handling and playing with this toy, as it seems, rubbing and pulling it excites the extremely sensitive nerves, causes an erection and a consequent ejaculation, which opens to him a new and unexplored pleasure a promising field of delight, sown with the gems of joy. He is not slow in catching the idea and the habit is established.

One of a thousand accidents may apprentice the child to the act even before puberty; pressure of the clothing, friction, riding, see-sawing, and swinging may arouse the sexual joy, and once experienced the child exerts all his inventive faculty to devise methods and means to excite and satisfy this ever-growing desire.

In addition to the situation the conformation of the organs predisposes to and often determines the first act and conse-

quent habit. In man the prepuce, pliable and soft, by its friction upon the glans may directly awake the desire and invite satisfaction. On the other hand reflex may induce erection and ejaculation with its pleasurable sensation, and suggest a renewal of the pleasure, by the hand or other means. Again the prepuce may retain the secretions and the smegma induces erection primarily by the irritation of the peripheral nerves, or secondarily by prunitus and the scratching by which it is relieved. Constriction and the efforts to relieve it form another potent cause.

Personal reasons in men tend to induce or perpetuate the habit. Thus bashfulness or excessive timidity in approaching women, may lead to single pleasure; others fear that they may "catch" a venereal disease, or are afraid of a baby; others have a deformed or diminutive organ and fear the ridicule that they might incur by exposure of their infirmity to a woman; others, sailors, monks, and other prisoners in the jail of fortune, denied the luxuries of life and cut off from intercourse with the dual female element of man and society, resort to this means of appeasing their maddening hunger.

Women are credited with having no pleasure in the sexual act. If this were so it would be difficult to find a reason for sexual abuse in the sex, and it would be of rare occurrence; whereas, on the contrary, pleasure is the rule rather than the exception, and the abuse is more common than it is thought to be.

Of a high nervous organization women experiences an ecstasy of feeling, greater even than in man, involving the whole system in an extatic nervous erethrism. The situation of the organs, and especially that of the clitoris often leads to spontaneous or accidental discovery of the pleasure of excitation. The periodical congestion and erection, so to speak, of the female apparatus, is often accompanied by a more or less defined sensation of desire for gratification, and being denied the natural means, nature will suggest artificial. The intimate relation that exists between the breast and genitals, is a potent cause; the pressure and friction of the nipple by warm and tight fitting clothing, or by the hand, excites a pleasant feeling in them, which is reflexly conveyed to the genitals, exciting them in turn.

Misfits of the male and female organs, frigidity, impoten-

cy of the husband or lover, or his inability to incite the genetic spasm by coitus, malformations and lesions preventing marriage with the kindred passions, are among the secondary causes.

Numerous pathological causes predisposing to the abuse, are common to both sexes. Among these we may name hereditary; bilious, sanguine, and nervous-biliary temperament; erotic constitution; erythema, impetigo, eczema, intertrigo, and genital herpes, anal pruritus, worms, constipation, hemorrhoids and all local lesions, causing local irritation, epilepsy, hysteria, hypochondriasis, idiocy, locomotor-ataxia, etc.

There are, in addition, numerous physical extraneous causes, such as a warm climate, rough and heavy clothing, or that which binds the genitals, horse-back riding, bicycling, see-sawing, and swinging, dancing, the jolting of wagons, the rolling and pitching of ships, and running the sewing machine. Some articles of food, as game, venison, eggs, brains, lobster, fish, and oysters, as well as condiments, pepper, nutmeg, mustard, etc., and finally, certain drugs, cantharades, phosphorus, strychnine, cannabis indica, aloes and other purgatives incite this habit.

Wealth and poverty, also, exert a baneful influence; high living, a sedentary and idle life, soft beds and perfumed beds, and other luxurious environments are direct causes due to wealth, while to poverty we may ascribe as causes, poor-living, and the promiscuous mingling of the sexes in one room and one bed, boys and girls sleeping together, or with their parents, dressing and undressing, and making the toilet in the same room, and even cohabiting without even the screen of modesty or shame.

Intellectual and moral causes exist on every hand, as nude statues, erotic pictures, lascivious images, photographs and posters of semi-nude women or covered only with tights, love and passion stories and those describing adultery, or lives of prostitutes, the theatre, ballet, tableaux vivants and pantomimes.

But the green-room of the habit is in the workshop, the school, the college, the lodging house, and even convents, and all places where men and women associate together, hearing obscene conversation, seeing suggestive gestures, and learning by example or instruction.

Even in the household, well-meaning members of the family, may arouse the spark and fan it to a flame by careless acts of omission or commission. The girl who exposes herself in the half-nakedness of a negligé-costume, the mother who takes the child to bathe with her, and exposes her nakedness, the sister who performs her toilet in full sight, with naked arms and shoulders and exposed legs, the nurse who fondles and caresses the growing child, dances it on her knee, presses it to her bosom and even plays with its genital organs, each and all awake in the child a desire that leads to abuse.

The confessional may be a constant menace to purity of thought and action. Garnier cites the hypothesis of a young confessor excited by long continence to permanent genital erethrism and erotism, increased by good cheer, isolation and lack of exercise. He finds himself face to face, almost mouth to mouth with a fair penitent confessing her faults. His curiosity and sensuality being aroused, demands the satisfaction of learning the most intimate details, and his questions suggest new and unthought of means and ideas to the penitent. He questions as to the thought, temptation, desire, and acts; he speaks of kisses, of touches, of embraces and as to how, when and where they are made. He demands from the wife if the conjugal act is normal, if it is performed, succubus or incubus, and if the emission takes place extra vas vel indebite. Other questions still more intimate and indelicate may be found in the latin books of this sensual and erotic theology, suggesting and intimating acts that they would have been innocent of. Thus the confessional becomes a school of suggestion, if not of practice and example. Woman, especially suffers the contamination owing to her erotic temperament.

Methods of Abuse.—Masturbation or manustupration is the most common form of solitary vice. In man the penis is rubbed between the fingers until it enters erection and by a to and fro motion, the skin being held between the thumb and finger, the prepuce slipping over the glans, an ejaculation is produced. The penis may be rolled between the two hands or excited by surrounding it with the fore-finger and thumb, making a ring or constriction, the remaining fingers grasping the organ loosely thus forming a sort of artificial vagina. The hand in this case is often lubricated with soap,

or oil, or white of egg to reduce unpleasant friction and increase the pleasure.

As the habit grows upon the victim new ideas are suggested and novel means invented to more nearly approach the vaginal construction one or more soft rubber teething rings, a metal ring or a large rubber tube on the neck of a bottle, may be placed over the penis, covering and embracing it to a greater or less extent.

Queer expedients are made known to us in practice ; thus, one of my young patients, son of a butcher, used the cesophagus or trachea of slaughtered animals, while another wound elastic page cord around the penis, another used a flexible coiled spring, one end being fastened to a large iron ring which was immovably tied close to the body, surrounding the root of the penis and the scrotum, the other end being made fast to a cord, which was, in turn, tied fast to some object ; by an up and down movement of the body this artificial vagina determined an ejaculation similar to the natural act. This latter method dispensed with the hand, and introduces to our notice other solitary man-made methods, such as friction of the penis between the body and mattresses. One little patient had bored a hole in a partition and used this as an excitant. He was discovered by getting caught in the hole, necessitating a little carpentering for his relief, which was accomplished much more easily than in the more common cases of a metal ring which necessitates more severe remedies for immediate and safe relief.

Every physician, in his general practice, must have learned in his own experience, of some ingenious methods, but to elaborate them would be useless. It remains to speak only of lead pencils, penholders, pipestems, feathers, twigs, hair pins, and the like, inserted into the urethra and worked to and fro, methods inducing added danger of urethritis, or by loss of the material necessitating operation. Even if no immediate trouble arises, the loss of the whole or part of the article may, in after life, set up a lesion or serve as a nucleus for the formation of stone.

Bestiality introduces another method of solitary vice. The use of animals as a substitute, though not common ; still occurs in a few cases. Dogs and other domestic animals, especially hens and geese are pressed into this service.

Between two men, the commonest form is sodomy, or the use of the anus as a substitute. This form may be preceded by manual "cobbling," or by the use of the mouth sucking the penis until erection and ejaculation occurs.

In women solitary self-abuse may be vaginal or clitorian. In the former case the finger, a candle, carrot, needle-box or other cylindrical object serves the purpose. Here again, ingenuity designs cunning means. A peeled banana is a curious but apt artifice, being soft, round, pointed and slippery. A young girl confessed to using a rubber tube tied at each end and made large and elastic by being filled with water. This girl had contaminated a whole school, first by initiating the individual by lending one of these articles to her with liberal instructions and selling it if it was liked.

The clitoris, analogue of the penis, and endowed with even more susceptibility, naturally attracts the greatest attention in self-abuse. The woman has only to stroke and tickle it gently with the finger, or rub it between the thumb and finger to excite the sexual spasm.

The same effect may be induced by rubbing the thighs together while lying or sitting down. This is accomplished by crossing the legs, bringing the inner aspect of the thighs hard together and swinging the pelvis on the haunches. The friction and compression of the clitoris excites the spasm. This form is common amongst dressmakers, and others forced to sit at their trade.

Between women sexual abuse may be manual or by the mouth. In the former the two women mutually tickle each other with the finger. In the latter the clitoris is excited by tongueing and by sucking with the lips. This is known as Tribadism, Sapphism or Lesbianism, and is even a trade with some who perform the act as a living.

Bestiality again presents itself in woman who may lie with a dog to satisfy her desires, and has been known to use a live though harmless snake or eel.

Between the two sexes other forms of mutual abuse occur, some to avoid conception, others to increase pleasure.

Friction of the male organ between the female breasts is one of the protean forms, the man lying upon them and pressing them together, as in intercourse *in situ natura*, or the penis is not introduced within the vagina but excites the clit-

oris by simple motion and friction in the furrow between the lips and body. Lingual and buccal gratification and sodomy are frequent between the two sexes, often voluntary when the erotic complement is complete and often forced by one and endured by the other until ill health or repugnance causes revolt.

Changes of position are often called upon to excite greater pleasure; this in turn may be had while sitting, a position often convenient in the exigencies of circumstances and environment; it may be standing for similar reasons; it may with the woman kneeling on hands and knees as *en vache*; it may be in succubus or incubus or side by side.

(To be continued.)

INTERESTING MEDICO-LEGAL CASES. By HENRY A. RILEY, A. B., LL.B. New York.

THE LEGAL STANDING OF THE OPTICIAN. The ophthalmologists and the opticians are using a good deal of space of late in the medical journals trying to define the proper limits of their respective functions.

The ophthalmologists claim that while the opticians are respectable men and should be good mechanical workmen and able to fill the prescriptions given them, they are not qualified and are not entitled to go beyond that circumscribed sphere of action. The optician has no right they say to fit glasses to the eye and that when he does so he usually injures that sensitive organ. It is even claimed by some that an optician by doing this, renders himself liable to the laws regulating medical practice and can be punished.

It would be interesting to see this question tested as it certainly would be a novel proceeding and the matter is important enough to merit a judicial investigation.

ENGLISH SURGEONS MUST PAY FOR DAMAGES CAUSED BY THEIR CARRIAGES. An English surgeon was the defendant recently in a law suit which resulted in establishing just how far the hirer of a carriage is responsible under English laws for the acts of his driver.

The surgeon hired a carriage by the year from a cab company.

On returning home one afternoon in the carriage he told his coachman to drive it to the stable which was only two

hundred yards away. The coachman, however, was a jovial soul and picking up a friend, he drove off to a distant part of the city and became intoxicated.

He was returning to the stable in the evening when a cab and the carriage came in collision, the accident being the result of the coachman's careless driving.

The cab company sued the surgeon for the injuries to the carriage.

Justice Cave of the Queen's Bench decided that the company could recover for the damage. If the driver had run over and killed a man, the heirs could probably not have recovered anything from the surgeon, because the coachman was not engaged in the course of his employment, but was driving for his own pleasure.

The judge, however, while he says that he can find no case in point on either side of the question, thinks that the hirer is responsible for the safe keeping of the carriage and its return in good condition to the owner.

The person whose property is injured thus has a better chance of recovering for his loss than one whose person is injured.

THE INSANITY PLEA IN MURDER TRIALS. A murder trial which attracted considerable attention in New York City some months ago was that of Alphonse J. Stephani who was indicted for killing the family lawyer, a well known gentleman named Reynolds.

The medical evidence in regard to his insanity, which was the main defence, was quite strong and a number of well known specialists gave their opinion against the legal responsibility of the accused.

It was shown that insanity was hereditary in the family and that his physicians had regarded him as insane a long time previous to the commission of the crime. The judge and jury however, held that he was able to understand the character of his act and that it was wrong. On this theory Stephani was convicted of murder in the second degree and sentenced to imprisonment for life. He was taken to Sing Sing, State prison, and after being there for three months the authorities came to the conclusion that the proofs of his hopeless insanity were so overwhelming that they could not permit him to remain and he was not long since transferred to the asylum at Auburn.

PHYSICIANS AND DRUNKENNESS. In Iowa, the State Board of Health declares that habitual drunkenness is "palpable evidence of incompetency" on the part of a physician and renders him liable to the deprivation of his license to practice.

In Georgia it is said, legislation has gone beyond this and a recent law provides that a physician if once convicted of drunkenness can never practice his profession again in the state. This is a hard law on members of the profession who are of convivial habits and it is considered by many that the New York law better meets the needs of the case. It is provided there that if a physician prescribes in a drunken condition he commits a misdemeanor and can be punished criminally by fine or imprisonment. It is a sad thing for a physician to be arrested for drunkenness but if this is the result merely of a social entertainment it is difficult to see how the case is any worse than would be the drunkenness of a member of some other profession.

THE IMPORTATION OF AMERICAN FOOD PRODUCTS INTO EUROPE. The government of France and Germany have claimed for some time past to be particularly afraid that trichinosis would be introduced into those countries if the prohibition against the importation of American pork was removed. When Congress, however, placed in the hands of the president the power of retaliating by preventing the importation into the United States of foreign products in cases where there were unjust restrictions against our commerce, there suddenly seemed to be an impression that our food products were not as unhealthy as had been claimed.

The representatives of this country, in Germany and France, have made diligent efforts to deepen this impression and to give information regarding the inspection required before food products were exported.

The result has been that very recently France and Germany have removed the prohibitions against American pork.

The University of Munich has offered a prize for the best thesis during the session of 1891-92, upon "Experimental and Clinical Investigations as to the Occurrence and the Diagnostic Significance of Leukocytosis."

IS EXTIRPATION OF THE UTERUS, FOR CANCER, JUSTIFIABLE?
By DR. CHEVES BEVILL, Winfield, Ark.

The above important question is asked by Dr. John H. McIntyre, of St. Louis. (See ST. LOUIS MEDICAL AND SURGICAL JOURNAL, Aug., 1891, pp: 77, 89-90.) The doctor does not consider the operation as a justifiable one. This, coming from such a man as it does, has its weight with a great many physicians, and many of them may be influenced thereby to such an extent as to prevent them from having patients operated upon, while there might be a good chance for their final recovery from the most distressing of all diseases, cancer of the uterus. If there is anything worse, I hope I shall never see it.*

Dr. McIntyre quotes Gusserow and others, to show that uterine cancer is of brief duration—about twenty months from its first manifestation.

This may do as an average, yet we find patients that last for several years. I have been fortunate enough to see but five cases of cancer of the uterus, and one of these was of the cauliflower variety. Three of them died. The one of the cauliflower variety was cured over three years ago. In this case, I cut off the anterior portion of the cervix, with Sims' long scissors, and cauterized the site well with zinc chloride, and then curetted the place well with a sharp curette. (This patient's mother, and one sister, died of uterine cancer.) She is now enjoying good health. The one with carcinoma, that is yet alive, is sixty-five years of age, and to my certain knowledge it has been eating away on her slowly for three years. The treatment, in her case, has only been palliative, as she would not agree to go and have the organ extirpated. But the odor is, of course, very disagreeable, unless a great deal of iodoform is constantly used. She has been confined to her bed for the last ten months. Almost the entire uterus is eaten out, is of an ash color, bleeds freely when merely touched.

The other three cases lived from two to three years.† One of them was the wife of a physician, aged twenty-eight. I sent

†Dr. Coe quotes Pichet, to show that untreated cases of uterine cancer, on an average, run from thirty-one months to two or three years. See Med. Record, Vol. 37, 372, (April No. 1890).

*One lived three years after her physician found out that there was a growth of some kind on the anterior os. I saw her a few months before she died. The entire uterus was eaten to a mere shell when I saw her.

her to (advised her husband to take her) St. Louis, as soon as I examined her. She was very weak from repeated hæmorrhages, so much so that Prof. Tuholske, did not think extirpation advisable. He cut out all that he felt safe in doing under the circumstances. She came home, I kept her under due watch for some time; it seemed as if she would get along all right, yet in a few months, the growth reappeared. Her husband carried her to Dr. Geo. H. Hulbert, of St. Louis. I had seen Dr. Hulbert, and told him about the case, previous to the second visit of the patient.

The uterus was extirpated per vaginam. She did well after the operation; but died several months later, of cancer of the left kidney I feel sure, as the agonizing pain was all in that region. The kidney enlarged, bloody urine passed for sometime before her death.

If hysterectomy does nothing else it frees the patient, and her attendants, of a great deal of annoyance, and as such favorable results have followed so many cases of extirpation we still feel encouraged with the operation; and, in select cases we deem it one of the highest achievements of modern surgery. It is true that it is a very difficult undertaking; still men, who are experts in their line, operate very rapidly, and as death always is sure to follow, unless science comes to the poor doomed woman's aid, let us give her the best chance.

Dr. McIntyre gives but about three hundred and fifty cases of vaginal hysterectomy, and (as Dr. Brinnie, of Kansas City, says) without giving the percentage of deaths in these cases.* Prof. Binnie gives a long table giving all the operator's names, number of cases, deaths, etc.

The primary mortality is the question now on hand, and as I have several more operations to add to Prof. Binnie's table, I will here give it, as some of the operators have done more hysterectomies than they are credited with, in the table as the doctor gives it, and as other operators are omitted, I feel it but due to those noble men that they all appear. As this question is one that is assuming such a prodigious size; and as statistics are always in demand; in giving the per cent of operations I shall only give the names of the ones that are omitted in Dr. Binnie's table, and the ones who have opera-

* See Weekly Review, Sept. 12, 1891. pp. 201 to 204.

ted oftener than the table gives, so the reader will please refer to the journal as referred to above for the other names.

	Cases.	Instead of	Deaths.		Cases.	Instead of.	Deaths.
Dr. Coe*.....	10	4	3	Dr. Kammerer.....	5	..	0
" Cullingsworth, (London).....	4	..	1	" Kruge*.....	15	10	..
" Dimmitri.....	30	..	0	" Lewers,(London).....	2	..	0
" Dudley.....	6	..	2	" Lane.....	10	..	†
" Edebahts*.....	6	1	1	" Munda, (before 1885).....	4	..	0
" Emmet, B. McE.*	4	1	1	" Polk.....	25	..	5
" Funkhouser, (prior 1885).....	1	..	0	" Reamy.....	12	..	2
" Hanks.....	2	..	0	" Smith, M. A....	1	..	0
" Hulbert, (prior to 1889).....	2	..	2	" Tuttle*.....	8	2	0
" Janvrin.....	11	..	0	" Uspenshi.....	5	..	2
					163	18	19

It will be seen in the above table that I have given a list of fifteen more operators than Dr. Binnie gives. Besides I give the six operators, whose names occur in his list, credit of twenty-five more cases than is given them in the doctor's list, and this only up to August, 1891.

So it will be seen here that we have one hundred and fifty-six more cases with sixteen deaths, which added to Dr. Binnie's list gives us a grand total of 1,316 ceases, with 157 deaths.

I have for the want of space and time only given the primary mortality. The argument might be given here by those who so ably argue in favor of high amputation, that the final results of hysterectomy do not admit of being compared to high amputation. But when the question is put as to what portion of the uterus is the cancer situated in, then we are in a better situation to answer the important question. If we knew that only the cervix was the site of the growth, and that the endometrial tissues were not involved, we would say make high amputation. But another question presents itself and that is, that several of our most eminent men assert that cancer of the

* After a name indicates that the same is given by Dr. Binnie in his list above referred to. † Not given.

NOTE.—For the lack of time; I cannot give the page number of each Journal, where I have obtained the information for the above table, so I only give the names and years for the same: Weekly Medical Review, 1888. St. Louis Courier of Medicine, 1885. Arner Journal of Obstet. and Dis. of Women, 1890, and 1891 to August. Medical Record, 1890 and 1891. Archives of Gynecology.

cervix advances later to the broad ligaments. This being the case, then total extirpation is *the one*. The question of diagnosis is one of great moment in such cases; some claim that a mistake in this line accounts for the freedom of those, that survive for two or more years. The opinion of Mr. Tait in regard to this question has had great weight with many, and to say the least of it, I think that he puts but little faith in the decisions of the best pathologists of both continents. While I have all due respect for Mr. Tait's opinion, yet I think that he should consider that there are others who should be listened to beside himself.

Even if mistakes do occur as to the true nature of the growth at times, that is no reason that all men should be mistaken.

It might be well enough for the operator to perform high amputation, when the disease is only on the cervix, and watch the case closely, and later on extirpate the entire organ and adnexa; still we would be in a dread thinking that there might be infiltrated tissue somewhere beyond our view.

But be that as it may, we all know that uterine cancer will sooner or later, kill the poor woman. This being the case always give the poor suffering woman the most chances to live as long as possible; and, for fear that we might let the golden day pass by, only operating by amputating a part or all of the cervix, and while we would be resting on our oars, and gliding smoothly along, waiting for an outward development of the growth, that it would be secretly gnawing away on some unknown portion of the hidden organs, until too late to perform hysterectomy. This is what has prompted me to look carefully after the subject, and I thus give the result of the search, in addition to Dr. Binnie's, which brings us fairly up to date on the subject.

Winfield, Ark., Oct. 27, 1891.

The Medical Journals of Paris, according to the report of E. Aréne to the Minister of the Interior, number 145 devoted to medicine and surgery, and eight to pharmacy and drugs. When this is taken in connection with the fact that Paris has but 161 newspapers, the figures seem rather strange. On the other hand it must be remembered that the French provincial medical journals are very few in number.

Clinical Reports.

CASES FROM THE HOSPITAL CLINIC OF PROF. WALDO BRIGGS,
M. D. Professor Clinical Surgery Beaumont Hospital
Medical College. Reported by M. C. WOODRUFF, M. D.,
Assistant.

CASE I.—Mr. J. M., age forty-five years; subject of epilepsy; fifteen years previously was kicked by a horse in the right lumbar region, followed by considerable swelling, which remained permanent, being somewhat decreased in size after micturition. Patient stated that he had passed pus shortly after accident; he also stated that an operation had been performed on him one year previously, which was found to be aspiration, a large quantity of pus being removed.

The sample of urine exhibited here consisted of one-third pus, diagnosis pyonephrosis, operation for removal of kidney advised, and subsequently done, by the lumbar incision, which consists of a transverse incision with the vertical extension carried from it to the crest of the ilium.

After getting into the abdominal cavity the hand was passed into a pocket. But only a small portion of the kidney was to be found as almost complete degeneration had taken place. Pedicle ligated and disintegrated part removed. Wound packed with iodoform gauze and left open, continuing to suppurate for the following fourteen days. Patient did well until the eighteenth day after operation when in an epileptic attack he attempted to jump through a window, severing the radial artery in the left arm, which was promptly ligated by the assistant, Dr. J. W. Adams. Following this accident all the symptoms incident to septic infection developed.

Patient died on the twenty-first day, death attributed to injury to arm during attack of epilepsy, as lumbar wound had ceased to suppurate and was nearly healed.

CASE II.—Miss A., age eight, Arkansas; diagnosis talipes, equino-varus, congenital division of tibialis anticus, posticus, plantar fascia and tendo achillis, application Sayre's shoes, discharged twenty-one days, excellent result.

CASE III.—J. S., age twelve, Missouri; single; hair lip, operation; flap method, union by first intention, discharged sixth day.

CASE IV.—N. S., infant, Missouri; premature; arrest of development of entire upper lip. Flaps taken by incision from angle of lips on both sides to angle of inferior maxillary then brought in place and retained by sutures, cartilage of nose loosened by incision, brought in place and stitched to new lip. Mucous membrane dissected from under surface of flaps to form vermillion border stitched, removed on third day. Lost sight of.

CASE V.—Mr. W. P., age thirty-four, St. Louis; irreducible oblique hernia right side. Incision over rings and to middle of scrotum; after reaching sac which was opened, intestines reduced, sac cut off at neck and doubled on itself, stitched to abdominal ring, discharged on twenty-first day, good result.

CASE VI.—Mr. J. B., age twenty-eight years, St. Louis; traumatic stricture of membranous portion of urethra with retention of urine. At the time of admission was unable to pass a filiform bougie. Wheelhouse operation; discharged on fourteenth day, after passage of No. 32 French sound.

CASE VII.—Geo. D., age ten years, Missouri; elephantiasis Arabum. Enlargement began at three years of age on left leg and foot, when admitted his right leg measured ten inches in circumference. The diseased one twenty-eight inches. Inability to walk; amputated upper third, lateral flaps, union by first intention, discharged fourteenth day, with great improvement of general health.

CASE VIII.—Mr. W., age fifty-five years, Ohio; stone in bladder, usual symptoms. operation, medio-bilateral lithotomy; size of stone one inch in circumference, mulberry variety. Discharged fourteenth day, wound almost healed.

CASE IX.—C. D., age seventeen years, Missouri; necrosed bone, lower third fibula, resection of about two inches. Discharged sixteenth day almost healed.

CASE X.—Mr. G. S., age twenty-five years, St. Louis; bone abscess, middle third of tibia, operated, incised and trephined, pus removed, discharged tenth day.

CASE XI.—Mr. H. S., age twenty-two years, St. Louis; necrosis metacarpal bones with complete destruction of wrist joint, tubercular in character, amputated in middle third by antero-posterior flaps. Discharged twenty-fourth day, much improved in general health, greater portion of wound healed by first intention.

Correspondence.

CORRECTION.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

DEAR DOCTORS:—Will you please correct two mistakes in my correspondence, "Questions in Obstetrics," in the November number, page 282, of the JOURNAL. To wit: (1) on the third line from the bottom, it should be 1887 instead of 1881.

(2) And on the ninth line from the bottom, it should be "Pagot," in the place of "Paget." I do this in order to do justice to the profession, as some might be misled.

I am yours truly, CHEVES BEVILL.

Winfield, Ark., Nov. 23, 1891.

Gynæcologists and Happy Homes.—The following is an interesting preliminary "whereas" of a series of resolutions advocating the organization of a new gynæcological and surgical society, according to the *Medical Record*.

"WHEREAS, The happiness of our homes and the welfare and perpetuity of future generations depend upon the physical as well as the moral status of women."

After some further whereases the following resolutions were adopted:

"*Resolved*, That we, the undersigned physicians, do hereby pledge our hearty co-operation and personal support in the organization and perpetuation of a society to be known as the 'Western Association of Obstetricians and Gynæcologists.'

Resolved, That the members of this Association shall consist of such members of the profession (regular) who are giving special attention to the practice of obstetrics and gynæcology, who reside in the following States and Territories, to wit: The Missouri River cities of Iowa and Missouri; the States of Kansas, Nebraska, and Colorado; New Mexico, Indian Territory, and Oklahoma.

Resolved, That the meeting for the organization of this Association shall be held in the club-room of the Copeland Hotel, in Topeka, Kan., Tuesday, December 29, 1891, at three P. M."

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DANGEROUS PETS.

In every well-regulated household there are generally found children and as a natural appendage to these are the so-called household pets. These latter, of course, are always animals which sleep, play, and romp with the children. They are continually handled and fondled, coddled and whenever any danger threatens them they seek refuge in the company of their natural protectors who afford them safety. Nor is this confined to children. Adults, more especially women, also have their pets and, in many instances, are more lavish of this affection than children. The most common household pets which are noted are cats, dogs, guinea pigs, rabbits and chickens.

While all of these are pets to a certain degree there is no doubt that the one most frequently seen is the cat, the next in order of frequency being the dog. While they constitute a source of joy and comfort to the little ones, and a pleasure to parents on this account, they should nevertheless be carefully watched on account of the fact that they may become dangerous factors in a household. This is no alarmist cry nor is there any intention upon our part to see danger where it does not exist. It is merely a note of warning on a subject with which nearly all are familiar, but to which they give little, if any attention of a practical character. Unfortunately, the

matter has been looked upon more in the light of a pathological curiosity than of anything else and, in consequence of this, much harm which might have been averted by a timely word of advice has been permitted to take place and prove a source of danger and even of death to numbers of individuals.

Those who have studied the subject have noted the fact that these household pets are very prone to act as the carriers of vermin of all description. They assume an intermediary host function and in that way transmit animal parasites in a manner which is apparently mysterious to those unacquainted with the possibilities in the case. Cats are especially noted as the transmitters of favus and the manner in which they convey the contagion is interesting. Mice are especially prone to the disease and from them it is acquired by cats. These latter in turn transmit the trouble to children. Ringworm is another disease transmitted from dogs and cats to children or even adults. But both of these diseases are frequently carried from one patient to another through the medium of the animal more especially in hospitals and asylums where it has the range of the house and is naturally made a pet of by all the inmates with whom it may come in contact.

Trichinæ are frequently found in the tissues of cats more especially in the tongue. They acquire it from eating rats and mice in whom this parasite commonly occurs. Should the trichinæ work their way to the surface of the tongue it can be easily seen how they could be transmitted to a human being fondling the carrier.

While parasitic diseases of the skin are most commonly transmitted we have other and more serious disorders carried about by household pets and not the least important in the list is diphtheria. It has been established, beyond the peradventure of a doubt, that a cat has become a focus for the dissemination of the dread disease. It was constantly in more or less direct contact with a little patient afflicted with the disease. Escaping to the outer air at certain intervals, it was coddled by its numerous infantile friends who in turn became the victims of diphtheria. The infection, in some cases, has been wrongfully referred to causes which only the most astute ingenuity could invent whereas had there existed but a modicum of observation the true cause, in the shape of a favorite tabby, would have been easily recognized.

Scarlatina may be carried about by cats and dogs. The germs of this affection will cling to these animals and will thrive upon them and will be disseminated wherever the household pets may roam. New cases will be developed through their agency and, if sewerage be not imperfect, physicians will cudgel their brains to find some adequate explanation to account for an apparently causeless epidemic. We might continue to cite examples but sufficient has been said in this direction to show that a real danger exists, that it is no figment of the brain, no phantom conjured up to create a panic.

Such germs as scarlatina possesses, or such as are found in typhoid fever, yellow fever and similar affections, are known to be carried in clothing, bedding and similar articles. Why not be carried equally well by the fur of an animal? To our mind the latter is a much more favorable means for the reason that two of the principal factors for the perpetuation of the germs exist in the skin of animals. We find a degree of heat which is of the greatest value for this purpose and, in addition, sufficient moisture to make growth rapid, increase proliferation, and afford a nutritive soil which can add force and thus increase the virulence of the germ.

The practical deduction to be drawn from these premises is obvious. As the old school so aptly stated, "*sublata causa, tollitur effectus*"—remove the cause and the effect will disappear. When parasitic skin diseases are found affecting the younger members of a household, examine not only their playmates and companions but also examine the household pets. When any one in a house is suffering from a contagious or infectious disease see to it that cats, dogs, birds, etc., are banished from the immediate neighborhood of the patient and, furthermore, see to it that they are confined until the danger incident to their capability of transmitting the malady is past. These are the only true hygienic and prophylactic means to employ. If it should become necessary it is better to sacrifice the pet than permit any one to run the slightest risk of contracting a disease which may prove formidable in character or dangerous to life.

It may be unfortunate to be forced to make our lowly friends the victims of circumstances, but true humanity demands it, and human life is too valuable to permit it to become jeopar-

dized be it in ever so small a degree. For it is not only the members of a single household who are exposed, but often those of many others and, in such cases, it almost amounts to criminal negligence to permit any danger to menace them when the removal of its possibility is not only feasible but simple. It is more especially in cities, and particularly in the crowded portions, in large tenements and such localities that the observance of these precautions is absolutely necessary and should be carried out as thoroughly as is practicable.

EDITORIAL NOTES.

IN THE ARTICLE of Dr. Louis Bauer, in our last issue (Surgical Clinics and Annotations), the printer played havoc in several places with the doctor's manuscript. Of the more important errors we note "secretions of internal os" (fourth line from beginning) for "stenosis of internal os." On page 275, "a case of prosthitis" is converted into "a case of prostatitis." Such errors are extremely annoying, but they will occasionally happen with the best of proof readers.

THE GRATUITOUS ATTENDANCE OF THE POOR, says the *North American Practitioner*, is one of the pre-requisites of the medical profession. No parallel to this can be found in law or theology. When a medical man does a service to a poor patient, he receives a double compensation in the gratitude of the patient and in the benevolent impulse which inspires his own mind. This is not the case when large numbers of sufferers are collected in hospitals and dispensaries. The personal element is gone. The occasion and need for benevolence is unattended by the possibility of the same return. The patient and physician are strangers and their relations are momentary. The service, on the one hand, is secured without gratitude, and on the other hand is rendered without benevolence. The custom of rendering medical services in private and public hospitals without compensation, depends on the semi-ecclesiastical origin of the modern physician. Its equity depends on two conditions, which are frequently not formula-tive, and are not generally understood. The attending physician, in a free or private hospital, is a delegate from the medical profession, and he should hold his position as a trust. The medical service in these hospitals is rendered with the tacit understanding that the clinical material shall be used in

the freest possible manner for the advancement of medical education. Whenever any deviation from this ideal condition prevails, and the hospitals deny the freest use of their wards for the purposes of teaching, or whenever the attending staff is not a representative staff and fails to utilize, through incapacity or other disability, the material of the hospital for the advancement of medical science, the patients are the first to suffer. In the former instance they are treated in a hasty, perfunctory manner, in the latter the attending staff soon becomes a nest of wiley, selfish, quackish men.

INJUSTICE TO AMERICAN MEDICAL AUTHORS is a subject brought up by the *Medical News*, which goes on to state that the question of the publication of contributions read at medical societies in other periodicals than the late appearing Transactions or society's journal, has an important aspect that is presented in a letter from the Paris correspondent, contained in the current number of *The Medical News*. American medicine is plainly put at a disadvantage by the rules against such publication now enforced by many of our societies. It has become a matter of repeated remark that articles published only in the society Transactions, for obvious reasons are not abstracted or re-reported by European journals. The wrong even proceeds to their frequent exclusion from the *Index Medicus* and from the various annuals, epitomes and other serial *résumés* of medical literature published over the world. It is said that the actual circulation of some of the Transactions or authorized society reports does not exceed fifty copies. Writers who have anything of importance to communicate to their professional brethren will scarcely submit longer to such an absurd restriction. The loss is a common one, both to the author and to medicine generally, but to American medicine in particular.

THE INDEBTEDNESS of the working classes to the medical men, is one which is not always estimated at its true worth; the *Provincial Medical Journal* states: We have built up literature during the past twenty-five years, all relating to the housing and improvement of the condition of the working-classes. It would be wearisome to go through all the subjects embraced in this literature, but all through it is manifest the strong feeling of sympathy excited in the profession with the sufferings

and misery of but too many of the toilers of England. The profession has never lost an occasion in urging sanitary reform, and though it has been said that the profession is politically conservative, yet this political color has not interfered with their advocacy of reforms which conduce to the physical well-being of the working-class community. What we do for sanitation we also do in case of disease and injury, at the voluntary-supported hospital. The working-classes have no truer friends than their medical advisers, and we believe generally there is a disposition to recognize this, though in many cases we meet with ingratitude and injustice. However, the profession acts with disinterested motives. It would be our pecuniary interest to encourage slums and all the evils of insanitation; but we rise to a higher level and set an example of morality which might be copied with advantage. The supreme end of medicine is to assist the State in securing the greatest number of healthy human beings, in preserving the lives of the people, and thus contributing to the welfare of the State. In its secondary end, relieving suffering, it contributes in no small manner to the well-being of the country. The popular conception of the medical man, as the simple dispenser of so many bottles of medicine, is a very erroneous one. It would be difficult to define really where medicine commenced or ended. It runs through the gamut of life. All the great politic, economic and social questions interest us and can be helped on by us.

THE DEPARTMENT OF PATIENTS towards their physicians, and of physicians towards their patients, has no fixed standard, is the opinion of the *American Lancet*. Formerly lines were drawn with great exactness, and any overstepping of these was the occasion of war. Latterly these lines have become very elastic. Many patients have assumed it as their right to change doctors as they would coachmen, only with far less ceremony and less attention to the settling of their financial obligations. Doctors have taken patients just as they applied, irrespective of any or all former physicians. Patients thus go to one or more consultants, on their own responsibility, irrespective of the wishes of their family physicians. The following item from the *Asclepiad* charmingly exhibits one phase of this matter as now existing in England: "Thus, 'The Fellow of the College,' in the past

was the consultant in the strictest sense of the term. The general practitioner took his patient to the great man, held a bona fide *tête-à-tête* with the most studied ceremony and all was over. With less ceremony the same may take place to-day; but more often patients without a word to their regular attendant, rush to their consultant, or as they say to the 'fountain-head' direct, and the 'fountain-head' will now receive them—it is as awful as it is true—alone. Sometimes a patient will go around to five or six fountain-heads on the same morning, without telling any of them that they have gambolled under another; and having got home with their prescriptions from each of their heads, will be guided by the opinion of their regular adviser, the chemist and druggist around the corner, as to the prescription most likely to do good." In this country the specialist is the consultant. To him come those cases which do not rapidly progress towards recovery. It is quite a common practice for such as have the requisite cash, to visit all the more prominent specialists in the town they visit, for relief. Hence it is that the specialist does his work with the expectation that it will be reviewed by a large number of workers in his own and probably foreign countries. Hence, he perhaps, works with greater care upon the problems presented with each. Certainly this feature of the case is to the marked advantage of the patient.

Here, as in England, while the wise specialist will always treat the general practitioner with the greatest consideration, and protect his reputation and interests, as far as the nature of the case will admit, it is still true that the large majority of patients go to the specialist without reference to the advice of their regular attendant. It would seem as if this direct relation between the patient and the specialist, irrespective of the regular attendant, was increasing. This has its evils and its advantages.

The Orton Prize.—At the annual meeting of the New York State Medical Association, held in New York on October 28-30, the J. G. Orton Prize of \$100 for the best short, popular essay on some subject connected with practical sanitation was awarded to Dr. Howard Van Rensselaer, of Albany, N. Y., for an essay on "Impure Air, and the Ventilation of Private Dwellings."

Microscopy.

Preparation of Agar-Agar.—Van Overbeck de Meyer, in a communication to the *Centralblatt für Bacteriologie und Parasitenkunde*, gives the following improved method for preparing culture medium from agar-agar: From one and a half to two per cent. of finely shaved agar-agar is boiled for one hour in half a litre of Loeffler's bouillon (containing one per cent. pepton and five per cent. cooking salt), and then placed for three quarters of an hour in a disinfection oven and cooked by steam at about 100° C. Neutralize and let stand (still hot) for a little while until it partially clears. Filter all the cleared portion with an ordinary filter (covered with a watch glass convex side upward), letting stand in the meantime in the steam apparatus. This will take from three quarters of an hour to one hour. The throat of the funnel is covered with a wadding which serves as a handle for removing the same. Later the remainder of the preparation is filtered in the same manner. Five hundred cubic centimeters of the bouillon gives fifty-one centigrams of the culture medium. This is sterilized for three successive days, about a half hour each time.

In filtering the author usually uses four filtering papers one after another, and he is not in the habit of preliminary sterilization of the apparatus used.

The Peritoneal Endothelium and the Modifications which it Undergoes in Experimental Inflammation.*—In the animals killed three days after the injection of the peritoneal sac with silver nitrate, especially in the guinea-pig and the rat, I found that the star-shaped cellules which covered the surface of the large epiploon had taken on considerable development. Some of them had put forth prolongations of great length which crossed and recrossed, or fused into similar prolongations from similar neighboring cells. At certain points, especially in the neighborhood of vascular spaces some of these cells (many of them having a diameter of more

* Read by Prof. Ranvier before the Académie des Sciences. Continued from the November number.

than one hundred mikrons) had extended below the meshes of the epiploic network and had closed them. A closer examination showed that the cells had become attached or fixed to filaments of fibrine which served them as supports.

I will explain myself: In the first phases of the inflammatory process (that is, in the first two days) the peritoneal liquid has become more abundant and presents all the characteristics of an inflammatory exudate. It gives origin to numerous filaments of fibrine which fix themselves to the surface of the epiploic spaces and cover the meshes of the great epiploon like a cobweb. The connective cellules, born of the endothelial cells have the property of fixing themselves to surfaces and there remaining. They establish themselves upon fibrine and the bundles of connective tissue with equal facility, and some of them, whose prolongations have attached themselves to fibrinous filaments, accompany the latter through a space of several tenths of a millimeter. The fibre thus forms a sort of wadding which serves to support a new edifice formed of ramified and anastomosing cellules.

All this can be produced, or rather can produce itself, before there is any cellular multiplication. This latter does not commence in endothelial and connective cellules until the end of the second day, and is accomplished by karyokinesis (indirect fission) and has been observed by Mr. Toupet (Toupet; *Modification cellulaire dans l'inflammation simple du péritoine*. Thesis 1887). I leave to one side at present all those phenomena in the inflammatory process, relative to the lymphatic cells and clasmotocytes, because their importance demands treatment in a separate communication.

At the end of the fourth day reparation of tissues progresses rapidly in such experimental conditions as those produced by me. The connective cellules become endothelial cells again, all the time, however, continuing to multiply themselves by karyokinesis. They even become more numerous than is necessary for covering the membrane. Some of them finding but a restricted place on the epiploic spaces, attach themselves thereby a sort of pedicle more or less long from which their bodies swing free in the peritoneal cavity. These cellules frequently becoming vesicular and take on the singular form of the cellules of colloidal cancer of the peritoneum, and I have occasionally found their pedicle hollow (*canalisée*).

Generally, by the ninth day the endothelium is completely reconstituted, but the cellules composing it have not yet resumed their normal disposition. Their reticulated protoplasm is formed of larger spaces, less numerous and more granular than those of the adult, or even the young animal. The cellules are also thicker and form slight projections, which causes the epiploic spaces to appear mamellonated instead of smooth.

I think that the facts related in this note throw a certain light upon an important question in general pathology hitherto very obscure, viz: How do wounds unite by first intention?

It is clear that at the present day we can no longer admit the truth of Hunter's theory (the transudation from the lips of the wound of a plastic lymph which afterward organizes itself). It is, in fact, established that cellules can not form themselves at the expense of a blastema, any more than can microbes in a sterilized culture medium.

The theory of Virchow and of Billoth, which admits of the edification of a cicatricial tissue whose elements are furnished by cellules of proliferating connective tissue, is not sustainable so far as the phenomena of immediate reunion (healing by first intention) are concerned, since the multiplication of the cellular elements of the connective tissue by karyokinesis does not commence till toward the end of the third day, at which moment immediate union, or union by first intention has already occurred (i. e. when it *does* take place).

We have seen that the multiplication of connective tissue cells is preceded by their hypertrophy, and that under the influence of an intense nutrition resulting from irritation, these cellules throw out prolongations of great length, which latter attach themselves to the filaments of fibrine of the inflammatory exudate, follow the latter in their trajectory, and meet similar prolongations of neighboring cells and anastomose or unite with them.

Similar phenomena probably, I may say certainly, are produced in the immediate reunion of wounds. An exudate more or less hæmorrhagic occurs; from this fibrinous filaments separate and fix themselves to the fascicles of connective tissue and constitute the preliminary structure (*charpente*) between the lips of the wound. Soon, on account of irritation the cel-

lues of connective tissue begin to enlarge, their divided prolongations grow and new cellules are made from them.

The prolongations glue themselves to the filaments of the fibrinous structure, follow them and by uniting with others make a second structure, more solid than the first one, having more vitality and which soon goes to work upon building the definitive structure of the cicatrix, by developing bundles of connective tissue and elastic fibres.

It is not necessary here to insist upon the difference between this and the older theories. It alone can explain the rapid reunion which takes place when wounds heal by first intention—a reunion which takes place before the cells of connective tissue have been able to multiply themselves by division, and which yet takes place by means of these very cells.

NOTE. The last sentence of the translation in the November journal should read: "These cells are like those of connective tissue, or rather they *are* connective tissue cells." (*Ces cellules sont semblables aux cellules conjonctives, ou plutôt ce sont des cellules conjonctives*). F. L. J.

Dermatology and Genito-Urinary Diseases.

Menthol for Chapped Hands.—The following is recommended in the *Journal des Maladies Cutanées et Syphilitiques*:

R	Menthol.....	0.75
	Salol.....	1.50
	Olei olivar	1.50
	Lanolini	45.00

M.

Sig. Apply once or twice daily.

The pain disappears after the first application, the skin is softened, and the fissures disappear very shortly. It is necessary, however, to continue the applications regularly for some time.

Enormous Cutaneous Fibroma.—Dr. Desguin presented to the Medical Society of Antwerp a molluscum fibrosum which he successfully removed from a woman of forty-one who had been married fourteen years. Virchow has reported a case in which the molluscum weighed thirty-two and one-half pounds.

Pozzi removed one of twenty-three pounds. The one reported by Desguin is the largest on record, its weight being thirty-five pounds. In this instance the pedicle was inserted at the nucha and left shoulder, hanging on the back and spreading and extending to the natal fold. It was bilobular and each lobe consisted of a number of lobules presenting numerous scissures. A number of large arteries occurred in the pedicle and pulsated quite distinctly. The affection was most probably congenital. The operation was conducted slowly, the arteries of the pedicle being successively ligated on account of a cardiac affection in the subject. These ligations gradually arrested the circulation, and the removal proved successful.

Pediculi Palpebrarum.—The rarity of this condition is one to which I have formerly referred, Dr. G. E. de Schweinitz having reported a case in the *University Medical Magazine*. In a late number of the same journal, Drs. G. E. de Schweinitz and B. A. Randall report two additional cases occurring in children. In each one it was pediculi pubis which occurred in the eyelashes. In the first case, a little girl of four, six pediculi were found in the eyelashes and removed, and subsequently a few more. She was a cleanly, well-cared-for child. The other case also was that of a little girl of four. But one pediculus pubis found, and a month later, another. She was in a filthy condition and infested with head-lice. In both cases the upper lids were affected, but in neither was there any discharge or inflammation. The treatment consisted in removing the lice and ova, enjoining cleanliness, and yellow oxide of mercury ointment in the strength of eight grains to the ounce, applied freely upon the eyelashes.

Transmission of Dermatitis Venenata.—The ease with which some persons will be affected with dermatitis venenata is a well-known fact, and this susceptibility is so great, in certain cases, that there seems to exist an idiosyncrasy to the disease. Dr. J. C. White some years ago reported a case in which a child was affected by coming in contact with a servant who was himself not susceptible to the poison. The latter had handled poison ivy, and in spite of the fact that he washed his hands thoroughly with soap and vinegar, contact with the child sufficed to produce the trouble. Dr. Samuel C. Busey in 1873 reported (*Am. Jour. Med. Sci.*) that in 1871 he had

treated a man, his wife, and their child for the trouble. Neither the wife nor child came in contact with the vine, the man alone, who accidentally tied his horse to a vine, having come into direct contact with the poison. In a late number of the *Medical News*, Dr. J. Abbott Cantrell reports the case of a patient in a hospital who became affected with dermatitis venenata through the medium of a nurse who had gathered poison ivy and was ignorant of its nature. The nurse's hands became affected at the same time as the patient's abdomen which she had touched. The nurse had carefully washed her hands. In a later issue of the *Medical News*, Dr. W. L. Blickhahn reports a case in which a woman of fifty-three contracted the disease by coming in contact with her husband who had acquired the trouble in the country. One factor which somewhat obscured the diagnosis was the recurrence of wheals.

The Etiology of Itching.—In an elaborate study of this subject, Dr. Edward B. Bronson concludes as follows (*Medical Record*):

The Predisposing Causes are:

A. A state of cutaneous hyperæsthesia, or morbid and excessive irritability of the cutaneous nerves. It may occur,

a. As the local expression of a general neurotic condition, either congenital or acquired, in which the simplest excitants, such as friction of clothing or changes of temperature, may suffice to evoke the sensation; or

b. It may be due to local changes in the skin, attended with prolonged irritation of the cutaneous sensory nerves.

B. A state of hypopselaphesia, *i. e.*, a state of impaired conduction in the cutaneous nerves of tactile sense. Though usually occurring as a concomitant of hyperæsthesia of the skin, it is possible that it may exist independently of the latter, as in atrophic conditions (more particularly in pruritus senilis), when, like hyperæsthesia, it may become the predisposing cause of itching.

Exciting Causes.—A. Irritations conveyed to the skin from the interior of the body, either as

a. Reflex irritations; or as

b. Irritations transmitted from nervous centres.

B. Direct or local irritations,

a. From external sources, *i. e.*, from such irritants as operate upon the surface of the skin ;

b. From intra-cutaneous sources, comprising

1°. Lesions of trophic cutaneous diseases and their products ;

2°. Toxic or noxious materials deposited from the blood ;

3°. Effects of local nutritive disturbances, or deranged metabolism in the cutaneous sensory nerves ;

4°. Spastic contraction of the arrectores pilorum muscles, which, though it may not of itself suffice to cause itching, is probably often associated with other causes as a contributory factor

Treatment of Urethral Stricture.—At the late meeting of the American Society of Andrology and Syphilology, Dr. L. Bolton Bangs read a paper on the treatment of urethral stricture (*Journal of Cutaneous and Genito-Urinary Diseases*). He defined stricture of the urethra as an unnatural narrowing of the urethral canal in any part of its entire length. That portion of the urethra described by anatomists as the bulbous portion is the largest in calibre, both in the adult and in infantile life, and is capable of the greatest amount of physiological distension. Dr. Bangs stated that he wished to reaffirm his belief in the principle formulated by Ris, *viz.*, that the human urethra bears a proportionate relation to the size of the penis in which it is contained, and that this fact must be recognized in order to determine how to give radical and humane treatment for an infirmity which concerns so many. The treatment of strictures by divulsion, the author said, he considered both non-surgical and non-scientific. The effect of the instrument is distributed more or less beyond the strictured areas, and the resulting cicatrix is an irregular and oft-times a violently contracting one. Electrolysis, also, he does not approve of. When a sufficiently strong current is employed to have any effect upon the tissues at all, it acts as an irritant and produces inflammatory deposits. Dr. Bangs regards gradual dilatation as sufficient for soft, non-fibrous strictures of the posterior urethra, or in the bulbous or penile portion ; but, for all strictures of large calibre requiring interference, he advocates treatment by internal urethrotomy and complete division. If the stricture is of small calibre, or be complicated by fistulæ either in the penile urethra or peri-

neum, or if there be indurated cicatricial deposits posterior to four and one-half inches, he advocates, in connection with internal urethrotomy, an external perineal urethrotomy also, combined with prolonged perineal drainage.

Baths in Syphilis.—In a paper on the treatment of syphilis, its evolution and present status (*Jour. Am. Med. Ass.*), Dr. William T. Corlett states that special attention should be given to the organs of elimination, and to facilitate this action water should be partaken of freely. A hot bath with soap should be taken every night, or a Turkish bath once or twice a week. In this connection and to emphasize the foregoing, the author speaks about the treatment as carried on at the various springs that have taken such a hold on the popular mind, and which have become so much in vogue withal. The most celebrated establishment in Europe is doubtless that at Aix-la-Chapelle. It is claimed that the sulphur water at Aix stimulates the emunctories so that a larger quantity of mercury may be given and eliminated without causing ill effects. The principal advantage that these and other springs have over the treatment at home arises not so much from the water as from the care with which every detail of treatment is carried out. First, the diet is regulated so that a sufficient amount of nourishment is taken, and articles liable to cause disturbances of digestion, such as fruits and indigestible dishes, are withheld. The patient begins the day with a light breakfast, afterwards he walks if the weather be fine, and then takes a hot bath; after which a drachm of the strong mercurial ointment is rubbed into the skin by an attendant. He remains in a warm room about two hours and drinks during this time from one to two pints of sulphur water. He then walks, dines, and walks again, partakes of a light supper and goes early to bed. After this routine has been repeated daily for about six weeks, the lesions of syphilis have usually disappeared, and he is sent home, to return at the end of two months. The patient's attention is diverted from his malady by amusements of various kinds, so the syphilitic usually finds his stay at Aix-la-Chapelle both pleasant and profitable. In this country the Hot Springs of Arkansas are frequented by those who think to get the disease "boiled out" of them. But it is quite generally recognized by syphilographers that the water has no specific effect on syphilis. O-D.

Excerpts from Russian and Polish Literature.

On the Acid Treatment of Diphtheria.—At the Sixth General Meeting of Polish Medical Men and Naturalists, at Cracow, Dr. Szuman (pron. Shooman), of Poznan, read (*Nowiny Lekarskie*, No. 9, 1891, p. 422) an interesting paper, in which he warmly advocated the treatment of diphtheria by a simultaneous administration of *a.* acetic acid, internally; *b.* carbolic acid, in the shape of inhalations; and *c.* boracic acid, in the form of gargling. The author adduces thirty consecutive cases, in which he resorted to the method, every one and all of the patients making a rapid and complete recovery. In two of the cases, the larynx was also involved; in one of them inhalations of acetate of alumina (in a solution) were successfully used as an adjuvant, while in the other tracheotomy became ultimately necessary. The acids are said to "keep the oral and pharyngeal cavities in the state of a continuous disinfection." Any alkaline drugs (especially lime-water) and all mechanical means (such as removal of pseudo-membranes) are thought to be decidedly injurious, since the former "manifest a favorable influence on the processes of putrefaction and disintegration," while the latter "promote the penetration of pathogenic microbes into deeper strata of the mucous membrane and lower the vitality of its cellular elements." The only drawback of the acid method consists in an occasional consecutive development of "a vesicular inflammation of the oral mucous membrane," which lesions, however, speedily disappear after discontinuing the treatment. [As far as acetic acid is concerned, we may mention that vinegar was recommended, as an excellent remedy for diphtheria, by Dr. Engelmann (*Centralblatt fuer Klinische Medizin*, No. 14, 1861), and, quite recently, by Dr. S. J. Bumstead (*Philadelphia Medical and Surgical Reporter*, July 4, 1891, p. 24).—REPORTER.]

On the Treatment of Infantile Summer Diarrhœas.—Before the same Polish congress, Dr. Arnstein, of Kutno, made a communication (*Gazeta Lekarska*, No. 39, 1891, p. 780) on the treatment of cholera infantum. According to his experience, the best results may be expected from the following means: 1°. As soon as the first symptoms appear, milk in

any form (including maternal, sterilized, etc.) must be excluded altogether from the infant's dietary. 2°. Salicylate of bismuth, as an antifermentative, should be given internally, and that in large doses (*from two to five grammes*). 3°. The large bowel should be freely washed out with an aqueous solution of boracic acid. As to resorcin (Andeer) or lactic acid (Hayem), the author found them absolutely useless. He believes that infantile cholera is caused by poisoning with toxins which arise from putrefaction and decomposition of milk.

During a discussion, Dr. Szüman, of Poznan, said that he obtained very good services from the internal use of resorcin with tincture of opium. The omission of milk is thought to be unnecessary; it is sufficient to prescribe an iced milk in small quantities.—Dr. Przychodzki (pron. Psheekhodzkee) has similarly protested against excluding milk, and advised to give it in a one to ten mixture with lime-water.—Dr. Jakowski (pron. Yakovskée) has stated that he successfully treats summer diarrhœas with *tinctura opii crocata Ph. Ross.*, and cold milk with tea.—Dr. Sysak has advocated the internal administration of calomel.

Bilberry in Diarrhœas.—In the *Vratch*, No. 41, 1891, p. 935, Dr. I. A. Fidelmann emphatically draws attention to another (*cft.* the *St. Louis Medical and Surgical Journal*, November, 1888, p. 292; and the *British Medical Journal, Supplement*, Aug. 8, 1891, p. 46) Russian popular remedy for diarrhœas, which has proven most valuable in his hands. The remedy in question is nothing else than the ordinary bilberry or whortleberry (*Vaccinium Myrtillus*, Russ. *Tchernika*, i. e., a "blackberry") which he prescribes in the form of home-made syrups of two kinds, to be used parallelly. A certain quantity of dried bilberries (which may be purchased of any chemist—at least, in Russia) is boiled with water and some sugar until a thick syrup is obtained. The decoction is divided into two portions, one of which is left just as it is (to be kept in some cool place), while the other is strained through linen. The non-percolated syrup should be given from three to six teaspoonfuls a day to children under two years of age, and up to ten teaspoonfuls to those above two years of age. The percolated decoction should be mixed with an equal part of boiled water and administered, side by side with the former prepara-

tion, from one to two tumblerfuls daily. This simple treatment proves rapidly efficacious, not only in cases of summer diarrhoeas in children, or simple diarrhoeas in adults, but even in dysentery. The remedy is exceedingly cheap and absolutely harmless. On prescribing, however, it is necessary to inform the patient and his or her relatives that the bilberry syrup will stain the stools a black color, since otherwise, as the writer's experience shows, the people may be alarmed, imagining that they have to deal with a "bloody diarrhoea." The antidiarrhoeal effects of the bilberry are attributed by the author partly to a coloring substance present therein, partly to tannic acid and gum.

[Quite lately, Professor Winternitz, of Vienna, published (*Blaetter fuer Klinische Therapie*, July, 1891) an instructive paper, in which he similarly highly eulogizes the antidiarrhoeal action of a syrup-like decoction of the bilberry. The remedy speedily controls diarrhoeas, even in phthisical patients with intestinal tubercular ulcers in which all ordinary means (including opium) utterly fail to afford any relief. In a case of the kind, complicated with leucoplakia buccalis, even the latter vanished with diarrhoea. The author states further that he tried the decoction (in the shape of urethral injections) in seven cases of gonorrhoea. One of them, an acute case of three days' standing, was cured in twelve days. Of the six chronic cases, two were also cured, and two substantially improved, while in the remaining two the results were yet uncertain (the treatment having commenced about four weeks before the communication was made).—REPORTER.]

Case of Syphilitic Re-infection.—In the *Meditzinskoië Obozrenië*, No. 17, 1891, p. 418, Dr. H. I. Thomson, of Dorpat, contributes the following case: A robust and generally healthy gentleman, aged twenty-five, who had been treated by him for syphilis seven and one-half years previously, consulted him on account of an ulcer, which had appeared about three weeks after coition with a "suspicious" prostitute. The ulcer, of the size of a pea, proved to be a typical Hunterian chancre, situated on the right side of the retroglandular sulcus, at some distance from the median line. It presented a characteristic cartilaginous hardness, grayish-white color, and clean-cut edges. There was also found some indolent enlargement of the right sided inguinal glands. Under a local application of calomel powder

the lesion healed in a fortnight, while in another couple of weeks there gradually disappeared both the sclerosis and glandular swelling. No further treatment whatever was resorted to; nevertheless, the patient did not show any slightest traces of secondary manifestations up to the date of the communication (eight months having elapsed since the disappearance of all symptoms).

As to the first infection, the primary sclerosis, of the size of a bean, had been also situated on the sulcus, on its right side, but much nearer to the median line, than on the second occasion. In due time, there developed enlargement of the inguinal and cervical glands, roseola, moist papules around the anus, etc. The patient was treated with corrosive sublimate internally, the symptoms vanishing in three weeks. He had a relapse (intense syphilitic angina) four months later, which yielded to a ten-days' course of the drug. During the next year he was given both the mercurial salt and iodide of potassium. Since the said relapse he remained perfectly well until the acquisition of the second syphilitic chancre.

Recently the gentleman asked Dr. Thomson a rather delicate question, to the effect: "Whether he could regard himself as well and sound, and whether he could marry without infecting his bride?" After a careful deliberation, the author felt justified in pronouncing the patient "cured," and, accordingly, to give his sanction to the marriage. [Cases of syphilitic re-infection were also published lately by Razumoff (*British Journal of Dermatology*, Aug., 1889, p. 350), Iakovleff (*Ibid*, Aug., 1890, p. 260), Preis (*Ib.*, p. 262), Lübersky (*London Medical Recorder*, May, 1890, p. 187), Pospeloff (*Philadelphia Medical and Surgical Reporter*, 1890).—REPORTER.]

Berne, Switzerland.

VALERIUS IDELSON, M. D.

The Welz Prize.—At a meeting of the German Ophthalmological Society, held at Heidelberg, from September 14 to 16, the Welz prize for the best paper published in *Von Graefe's Archiv fuer Ophthalmologie*, in the years 1887, 1888, and 1889, was awarded to Professor Von Hippel, of Königsberg, for his essay entitled "A New Method of Cornea Transplantation," which was published in Bd. xxxiv., Abth I. This is the sixth time the prize has been awarded.—*British Medical Journal*.

Medical Progress.

THERAPEUTICS.

For Foetid Breath.—The following is recommended in the *Revue Générale de Clinique et de Thérapeutique* for the above:

R Saccharin,
Acid. salicylic.
Natri bicarbonate, āā.....gr. xv
Alcoholis.....℥j
Ol. menth. pip.....gtt. x

M.

Sig: A teaspoonful in a wine-glassful of warm water, to be used as a gargle once or twice daily.

Alopecia.—The following lotion is said to be excellent in the alopecia following acute diseases (*Union Médicale*):

R Alcoholis, 80%℥jss
Spts. camphor.
Rum,
Tinct. cantharid.
Glycerini, āā.....m lxxv
Ess. santal,
Ess. gaultheriæ,
Ess. rosar., āā.....gtt. v
Pilocarpin. muriat.....gr. vijss

M.

Prostatitis.—Among the most distressing affections, as well as one of the most rebellious, is chronic prostatitis. A French writer recommends suppositories for the relief of this trouble. He claims that they are very efficacious. They are composed as follows:

R Iodoforml℥j.
Ol. olivar.....℥ij.
Butyr. cacao.....q. s.

Ut fiat. supposit. No. xx.

Sig: Oneto be inserted at bed-time.

The Pistoja Powder Remedy for Rheumatism and Gout.—A somewhat famous remedy in Italy for rheumatism and gout is the Pistoja powders, so called because sold formerly as a proprietary remedy by the monks of the town of Pistoja (*Jour. Am. Med. Ass.*). It is now no longer a secret

medicine, thanks to the governmental regulations which at the present time forbid the sale of patent remedies, the composition of which has not been revealed to the proper officials. The formula of the Pistoja powder is said to be :

℞ Colchicum corms.....	2 parts
Bryonia root.....	1 part
Betony.....	5 parts
Gentian.....	1 part
Chamomile flowers.....	1 part

To be finely pulverized. Mix.

Dose at first not to exceed ten grains.

The presence of colchicum explains why it is that untoward results have been experienced by the non-professional prescribing of this remedy, which was alleged by the monks to be harmless.

Local Anæsthetic.—A good local anæsthetic has always been a desideratum more especially in such cases as require but a small operation and when the patients are timid. Dobisch states in *La Rassegna di Scienze Mediche* that he has had good success by spraying the following mixture :

℞ Menthol	1
Æther sulphuric.....	15
Chloroformis.....	100

M.

By the use of this complete anæsthesia which lasts from two to six minutes is obtained.

Cyanide of Mercury in Diphtheria.—Werner and Lœffler some time ago recommended the use of cyanide of mercury internally for diphtheria, alleging that good results followed. This has been confirmed by M. de Ruelle (*Medical Press*) who employs the remedy as follows :

℞ Hydrargyri cyanid.....	gr. j
Spts. vini.....	3ij
Aquæ destillat.....	3viij

M.

Sig: A teaspoonful every hour.

Sulphate of Magnesium in Epithelioma.—The treatment of warts by the internal administration of small doses of sulphate of magnesium is said to have been attended with a considerable amount of success, even large growths disappearing under the remedy when persisted in for a sufficient length of time. It is now claimed according to the *Medical-Press and*

Circular that epitheliomatous warts may be dispersed by the same means, a paper on this subject having been read before the New Hampshire Medical Society, by Graves. Three drachms of the salt are added to a pint of water, and a teaspoonful of the mixture taken four times a day. The author gave an account of eight cases in which the treatment had been adopted with success; but he admitted that the possibility of erroneous diagnosis had to be considered. It was, however, a fact that growths of an elevated character with round or oval bases and ulcerated summits discharging an ichorous fluid were transformed by the treatment into perfectly healthy spots, which exhibited no signs of diseased structure, and his conclusion was that the result was obtained by the remedy employed.

Aristol in Epistaxis.—Dr. T. V. Fitzpatrick states in the *Lancet-Clinic* that one of the most essential things in the treatment of epistaxis is to locate the point from which the hæmorrhage occurs. Those who have attempted to do this know the extreme difficulty that often attends such efforts. In those instances where the flow of blood is profuse, although it be from but a single point, as an erosion of the septum or a small abrasion of the mucous surface of the turbinated bodies, it will present the appearance of a hæmorrhage from a large surface. But there are cases where it is impossible, by such measures as spraying and douching to determine with anything like accuracy the location of the hæmorrhage. To treat these cases by blindly filling the nasal cavities with astringents, simply means to damage a large portion of the mucous membrane in order to benefit a small diseased part. It was in one of these cases recently, after all measures had failed to be of any service in locating the bleeding point, that it occurred to him that if he had a powder of a light color that would adhere to the blood-stained surfaces, the blood at the bleeding points would force its way through the powder and by this means indicate the location of the point at which the hæmorrhage occurred. Having some aristol with him he insufflated it by means of a powder-blower. The experiment was a perfect success. The bleeding point was easily located. It proved to be a small erosion of the septum, not larger than a pin head. At the same time he noticed that the hæmorrhage had materially diminished. Attributing the diminution

to the effects of the aristol, he insufflated the nose three or four times with it, when the hæmorrhage was completely arrested.

Biniodide of Naphthol.—Braille calls attention to this new compound in the *Union Pharmaceutique*. It is probably antiseptic in its action although its therapeutic effects have, as yet, not been determined. It is made in the following manner:

An aqueous solution containing:

Iodine.....	24 parts.
Iodide of potassium.....	27 parts.

Is mixed with an aqueous solution of:

Beta naphthol.....	110 parts.
Caustic soda.....	40 parts.

And then hypochlorite of soda, corresponding to ten times its volume of chlorine, is gradually added. The biniodide of naphthol is precipitated in the form of a greenish-yellow powder. This is gathered and washed several times. The wash-water should give a neutral reaction and leave no residue after evaporation. The precipitate is then dried in the dark. Light, causes the greenish color to become marked quite rapidly. It has neither taste nor odor; it is insoluble in water; slightly soluble in ether; very soluble in chloroform. Alcohol, and acetic acid hardly dissolve it. When heated, it gives off the violet vapor of iodine.

Formiate of Lithium.—Hübner who has devised this compound thus explains his reasons according to the *Revue de Thérapeutique Générale et Thermale*: It is known that a certain variety of wasps deposit, next to the freshly deposited eggs and as nourishment destined to the future larvæ, animalcules which the wasps have killed with their stings. These minute cadavers remain for months without dessicating or changing. It is also known that wasps, like bees, secrete formic acid which they deposit in the furrow made by the sting. It was then presumable that the preservation of the carcasses of the animalcules was due to the antifermentable action of the formic acid. This acid is also found in other products of the animal and vegetable world, such as the hair of caterpillars, which, when they come into contact with the human skin, cause a burning-sensation similar to that produced by nettles. Formic acid is also encountered in the

needles of certain conifers, as also in nettles. The acid reaction of fresh honey is equally attributable to the presence of formic acid, and it is this acid which prevents the fermentation of honey and ensures the preservation of this alimentary product. Finally, formic acid plays a certain part in popular medicine (frictions, baths, lotions), and honey, which contains formic acid, is associated with different remedies in the treatment of thrush, aphthæ, etc. It is to the formic acid contained in honey that ginger bread owes its easy preservation in a good state. As a further proof of the antiseptic action of formic acid, Hübner mentions the fact that, according to Strabo, the bodies of Argesilas and of Alexander were deposited in honey to preserve them. The procedure of preserving bodies has been tried quite recently and with complete success. As formic acid has been employed in therapeutics more especially in the treatment of rheumatic affections, Hübner conceived the idea of combining it with lithium, on account of the anti-arthritic properties of the latter. The formiate of lithium is not expensive and is a remedy which is deserving of trial in gouty and rheumatic affections.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Renal Dropsy. — The London correspondent of the *New York Medical Journal*, states, as is well known, that St. Luke's day, October the 18th, is sacred, at the College of Physicians, to the memory of Harvey, and is celebrated by an oration, which, this year, fell to the lot of Dr. W. H. Dickinson. Of course, the orator always devotes a portion of his address to the memory and work of the immortal Harvey, and it is unnecessary to say that in this Dr. Dickinson performed his task as gracefully as was possible. The special subject he chose was that of renal dropsy. He pointed out that when dropsy supervened the urine was usually below par, but the relation of the dropsy to the quantity of urine was not constant enough to explain the whole process; with obstructive suppression dropsy was usually totally absent, while it was frequently present under the diuresis of diabetes. Such facts must find their explanation in any adequate theory of such dropsies as were not coarsely mechanical, and he suggested that, whether mechanical or not, modifications of blood pressure were largely, if not mainly, concerned in the dropsical process. Want

of urine did not alone and of necessity cause renal dropsy; increased arterial tension seemed to be a necessary intermediary. An increase of arterial tension beginning with the earliest stage of nephritis, accompanying the œdema and increasing with it and the disease, had long been recognized, as also had hypertrophy of the left ventricle, which must be taken as an evidence of an obstruction in front; and the precise question to be determined was whether this impediment existed in the arteries or in the capillaries. Renal dropsy presumably depended upon excess of exudation, not deficiency of absorption, and this could scarcely occur elsewhere than from the capillaries, whose walls alone were adapted for the process. Whether this was to be ascribed to some change in the blood *per se* or vascular contraction engendered by it, he left an open point, but obstruction in the capillaries and increased systolic force behind transudation through them would seem to be an absolute necessity.

Alcoholic Poisoning, and Heart Disease as the Fatal Effect. — At a recent meeting of the Society for the Study of Inebriety, a paper was read by Dr. Wynn Westcott on the above subject. After referring to two previous sets of statistics compiled by him, one on alcohol in relation to the general mortality, and the other in special reference to alcohol as a cause of sudden death; Dr. Westcott gave a summary of the results of a tabulation of 1,900 inquests, held in London by himself. Of these cases two-fifths were children and young persons under sixteen years; the remaining three-fourths, or 1,150, supplied 255 cases in which medical evidence testified to alcohol as a direct factor in causing the death; this gives a proportion of one death due to alcohol in every 4.5 cases, a rise in percentage since 1888, when the proportion was one in 5.25 cases, in the same district in London. Of these deaths due to alcohol, thirty-eight were suicidal, forty-seven accidental, and one hundred and seventy from natural (or unnatural) causes. The point especially dwelt upon was, that of this last class seventy-three died of syncope due to fatty disease of the heart, leaving only ninety-seven to the account of all other diseases; and again, of *all* the deaths due to syncope, there was proved alcoholic excess in more than one-third of the cases. Dr. Westcott looks upon alcoholic intemperance as the most frequent and important of

all the causes of fatty degeneration of the heart, which is a disease very difficult to diagnose, and still more difficult to cure. He had in vain searched for confirmatory evidence among the medical writers of England. It appears to have escaped attention, or been unsuspected, that fatty degeneration of the heart, was due, in so large a percentage of cases, to alcoholic intemperance. Not so with French physicians, who are fully alive to the fact, and many of whom have contributed valuable information on the subject, and furthermore given the pathogenic relations of the diseased conditions.

Two Cases of Disease of the Seminal Vesicles.—Mr. Parkin read notes on two cases of chronic inflammatory disease of the vesiculæ seminales (chronic vesiculitis), before the Clinical Society of London, (*Provincial Medical Journal*), subsequent to gonorrhœa. In the one case there was a nodular mass, in the lower part of the right epididymis, communicating with the exterior by a sinus; no thickening of the cord. On the left side the testis was soft and flabby, but presented no evidence of disease. Left vesicula seminalis easily felt per rectum, especially by aid of the sound, in the bladder, and was large and soft; apparently the enlargement was of a cystic nature. The patient complained of intense neuralgia of the left testicle and cord, apparently due to incomplete blockage of the common ejaculatory duct. In the second case there were chronic inflammatory foci in both epididymes with enlargement of the vas deferens. In the situation of the left vesicula was an irregular hard mass, probably matted testicle and vas deferens. The cases were cited as examples of chronic vesicular disease, following acute vesiculitis, analogous to chronic salpingitis in the female. It was suggested that a careful examination of the structures of the base of the bladder should be made when obstinate neuralgia of the testis existed without apparent cause. The difficulty in the diagnosis from tubular affections of the same organs was mentioned and the diagnostic differences described.

Lipoma Arborescens in the Sheath of a Tendon.—Dr. Paul Lender states that (*Centralblatt fuer Chirurgie*) he observed and operated on a case of the above morbid growth. His patient was a stout healthy girl, about fourteen years old. She had noticed the swelling which was to be seen on the back of the hand about a year and a half. This swelling was mod-

erately elastic, pseudo-fluctuating to the touch. It commenced at the transverse ligamentum carpi, extending forwards along the extensor tendons of the second to the fourth finger, sending out short apophyses; it was in all about three-quarters of an inch in width. The short process, mentioned above, followed the movements of the tendons to which they were related by position. The skin over the swelling was normal and mobile. The skin was divided and the tumor exposed; on division of each tendon sheath there escaped a viscous, yellowish fluid, and there then appeared a reddish-yellow, loosely-attached substance, consisting of delicate fat globules, which extended towards the metacarpus, in each tendon, as a small process. Except at the under surface, the tendons were surrounded with this growth, but seemed to be unimpaired with the exception of that of the index finger, which presented an appearance of fibrillation. In eight days the wound had healed and all the fingers were movable. There was no indication of tubercular mischief. Unfortunately, however, in about three months afterwards the patient contracted a severe catarrh, a month later the laryngoscope revealed tubercular mischief in the larynx, and in the following month tuberculosis of the lungs declared itself.

Influence of Grave-Yards on Public Health.—At the late meeting of the Mississippi Valley Medical Association, Dr. J. W. Carhart read a paper on the above subject. He drew the following conclusions: 1°. From whatever standpoint this subject is approached it must be with care and gentleness, since the grave-yard, though a constant menace to public health has a pseudo-sacredness fostered by the profoundest sentiments of our natures. 2°. The method of the disposal of the dead should be founded on reason and not on custom or sentiment. 3°. The interment of the dead in the earth was never enforced by a statue, Jewish or Christian, and was merely incidental to both dispensations. 4°. No law, human or divine, requires us to dispose of the dead in a manner prejudicial to the health and comfort of the living. 5°. Whilst it may be an open question as to the right of the State to decide as to the manner of the disposal of the dead, except in exceptional cases, it is clearly the province and duty of the State to prevent such disposal as will in any wise jeopardize the interests of the living. 6°. From all the facts at our com-

mand, we are led to the conclusion that the grave-yard should become a thing of the past, and that incineration is the method most in accordance with science, sanitation, æsthetics, reason and religion. 7°. We would add as a corollary to these several conclusions, that since the intelligent, broad-minded physician is the almost exclusive guardian of public health in seeking to prevent the development and spread of disease, it is plainly his duty, when cemeteries are being located, to use his best endeavors to have them so placed as to jeopardize as little as possible the public health; and for its moral effect he should encourage efforts to beautify existing cemeteries; and that we should seek, as fast as possible, without too much violence to the tender sensibilities of the masses, to encourage incineration of the dead, or some other method more in harmony with sanitary science than the common modes now practiced.

Experimental Progressive Muscular Atrophy.—Roger has reported to the Académie des Sciences that he has produced a chronic disease, similar to progressive muscular atrophy by means of inoculations of attenuated cultures of the erysipelas streptococcus in rabbits. The attenuation of the cocci was made by means of cultures in rabbit serum. At the end of ten months, the virulence seems to have disappeared and intravenous injections produce no lesions; but, two or three weeks after inoculation, the muscles of the hind legs and the sacro-lumbar atrophied rapidly; the forefeet and head remained intact. At the same time, the muscles lost their former energy, but no paralysis properly so-called was observed. The troubles were related to the atrophy of the muscles. The majority of the animals died from the fourteenth to the nineteenth day after the symptoms appeared (except one who is atrophied since two months). At the time of death there are no longer any micro-organisms in the tissues, the streptococci being destroyed in from eight to ten days. Necropsy shows that the affected muscles are pale and notably diminished in volume. The fibrillæ are but one-half to one-third of their normal size, the transverse striæ are indistinct and, in places, absent; there is an abundant proliferation of the nuclei of the sarcolemma. The large cells of the cord are markedly altered, there being marked myelitis. There is a degeneration of the cells of the anterior cornua, but the peripheral nervous system is unaltered.

DISEASES OF WOMEN AND CHILDREN.

Congenital Hydrocele.—M. Verneuil stated before the Société de Chirurgie, that it is well known that congenital hydrocele is characterized, anatomically, by the persistence of a communication between the peritoneum and tunica vaginalis, and clinically by the reductability of the liquid. But what is the origin of the liquid found in the scrotum? It has been said that it is the tunica vaginalis which secreted the liquid, which then flowed into the peritoneum, when the vaginal cavity was completely filled. Others have maintained the contrary, that is to say, that the liquid came from the peritoneum and emptied secondarily into the tunica vaginalis. M. Phocas has observed interesting cases in children in whom the hydrocele followed an attack of peritonitis. It must be understood that hydrocele may occur in diseased testicles, in monorchidics, or in cryptorchidics. The case reported was one of a man of thirty-five, who was monorchidic. Two months before, he strained himself. The next day his scrotum began to fill and in two days he had a true scrotal tumor. Upon examining the patient an abdominal ascites and hypertrophy of the liver were found. The pathogeny in this case is simple and explains that in congenital cases, as long as the vago-peritoneal canal remained empty there was no hydrocele; but as soon as ascites appeared the peritoneal exudation relieved its overflow in the tunica vaginalis.

Diabetes Mellitus Gravidarum.—Dr. Fry read a paper before the American Gynæcological Society, on this subject. The disease was rarely mentioned in obstetric literature, and was probably unrecognized in many cases, the urine not being tested for sugar. Matthews Duncan succeeded in collecting and analyzing several cases of the disease. The disease was to be suspected if a woman gave birth to a dead child for which there was no apparent cause. The symptoms might have been so slight as not to have excited suspicion. A fatal case occurring in the reader's experience, was narrated in detail. If there was a tendency to this disease in a given case, pregnancy would increase that tendency. After parturition was accomplished, a change for the better might take place, but should pregnancy recur, the result would be likely to be fatal. The duration of the disease varied; in the reader's case it was ten weeks. Should diabetes develop early in pregnancy, abor-

tion would be probable prior to the seventh month, the foetus being unusually well developed for its age. Among seventeen diabetic women, who, together, experienced pregnancy seventy-nine times, only about half the pregnancies went to term and ended in normal labors. The distended bladder and abundance of liquor amnii in such cases would decidedly modify and add severity to the labor. If improvement was to take place it might begin within a few days after the termination of the labor, dyspnoea and other unfavorable symptoms disappearing. The prognosis was usually bad, though the course of the disease might be mild from beginning to end. If a healthy child was born, the prognosis was apt to be favorable. A diabetic woman should not marry; pregnancy would jeopardize her life. The question of premature labor would arise in some cases. It should be induced before the seventh month in case the symptoms were severe.

Impregnation from Semen Deposited on the Vulva.—Dr. R. C. Longfellow reported the following interesting and unusual case to the Cincinnati Academy of Medicine (*Lancet-Clinic*): On January 12, 1891, I was consulted by a gentleman who desired a recipe for a lady, saying, "she had missed three menstrual periods." Upon request the lady herself came, with such a history of her condition as to render a diagnosis of pregnancy almost certain. When informed of the fact that she was probably pregnant, the lady said it was impossible, as no sexual intercourse had taken place, and was indignant at the suggestion, saying: "She had never had an intercourse and the idea of pregnancy was absurd," and left the office with the gentleman. He returned the next day and gave the following particulars: "Some three and a half months before he had attempted to introduce the penis in the vagina. It was impossible to do so on account of pain given to the lady, but soon an emission of semen occurred on the vulva. Soon after they left his office without making any toilet, the semen being allowed to remain on the vulva over night. This only occurred once between them, and the next menses did not appear, as also the second and third, which was attributed to a cold. She becoming anxious, asked him to consult a physician and get a recipe." The lady was asked to come to the office, and was persuaded to have an examination made, to confirm my diagnosis. When examined the

vulva presented a virgin condition, a thin hymen present, and the vaginal orifice so small as to hardly admit the little finger. In so doing the hymen was disrupted. As there was no vaginismus present, the disparity of the sizes of penis and vaginal orifice, gave conclusive evidence that no penetration had occurred. By using a solution of eight per cent. cocaine the uterus was found enlarged; gave Hagar's test, and ballottement; the presence of enlarged nipples, morning sickness, anorexia, with the above uterine conditions, gave the proof of pregnancy. She was examined by another physician, who did not think she was pregnant. Two months more she was fully convinced of her condition, and early in August was delivered of an eight-pound child. The case proves to us the vitality and migratory power of the spermatozoa, under adverse circumstances, when the vaginal secretions are favorable, even though the semen was deposited but once upon the vulva.

Lead Poisoning in a Child of Five and a Half.—Variot and Gaston presented to the Société Médicale des Hôpitaux a little boy of five and a half years, affected with lead poisoning. Since July, 1891 (three months previously), his upper limbs were paralyzed; the paralysis affected more especially the extensors which responded feebly to Faradic currents. The child had lost the use of its hands, and only walked with extreme difficulty on account of the importance of the triceps muscles. Burton's line was extremely plain and permitted a diagnosis of the cause of the paralysis to be made without hesitation. For two years this child has had lead colic and convulsive symptoms due to a saturnine eucephalopathy. The authors could find no cause for the intoxication except a terrace covered with sheet lead upon which the child played in pleasant weather. Besides, the children who also played upon the same terrace, without being so gravely attacked, had colic and also presented the line on the gums. The child is getting well under a prolonged treatment with iodide of potassium to which were added sulphur baths and Faradic electrization.

Age at which Menstruation Begins.—George Etienne has gathered statistics on this in Nancy (*Revue Médicale de l'Est*), and his conclusions based on 2,482 cases, are as follows: 1°. The maximum number first menstruate at the ages of thirteen, fourteen and fifteen. 2°. The number who

menstruate before thirteen or after fifteen falls very rapidly to 234 at twelve and 325 at sixteen. 3°. The fall in the number of those who menstruate after fifteen is not so great as in that of those who menstruate before thirteen. Thus in a total of 431 who menstruated before thirteen, 234 menstruated at twelve and eighty-seven at eleven; and after fifteen 325 menstruated for the first time at sixteen, 250 at seventeen, 192 at eighteen. 4°. Before the age of ten (twenty-one cases) and after twenty (twenty-two cases) the appearance of the first menstruation is a comparatively rare phenomenon. The two extreme ages noted were five and one-half years (one case) and twenty-four years two cases. 5°. The results obtained cause the author to divide the period of first appearance of the menses into three classes, viz.: *a*, normal, *b*, precocious, *c*, delayed. A curious fact which has been observed in these statistics is that more begin to menstruate at eighteen than at seventeen in certain years.

Ultimate Results of Removal of Uterine Appendages.

—Dr. Charles Carroll Lee read a paper on this subject before the New York Obstetrical Society (*Am. Jour. Obst.*). He did not think that in the selection of cases for operation general considerations were entitled to much weight. The question as to the results of laparotomy in unsexing patients was of very little moment and should have very little or no weight. Patients with tubes and ovaries sufficiently diseased to require removal were already sterile by reason of that fact, and sexual desire, through painful coition and local suffering, was, in many instances, utterly extinguished. He thought that a decision in any case rested upon two questions and their answers: 1°. Is removal really necessary in this case? 2°. Will the ultimate results prove beneficial to the patient? Individuals of a distinctly neurotic temperament, particularly hysterical and epileptic patients, with so few exceptions as only to prove the rule more emphatically true, were decidedly not benefitted by laparotomy. He acknowledged that many cases of epilepsy, the attacks occurring at the menstrual period and associated with symptoms of ovarian derangement, afforded apparently the strongest indications that benefit would result from operation, in that there seemed to exist a relationship of cause and effect; but he did not think such cases appropriate. He did not believe statistics

would show a half dozen such cases with authenticated cures. Dysmenorrhœa did not demand laparotomy in the very great majority of cases, and never *per se*. In the last few years he had seen more than one hundred cases, not one of them appropriate for operation. Painful menstruation, dependent upon flexions, stenosis, or the established neuralgic habit, was not likely to be cured by operation. One of the factors he thought responsible for the disappointment attendant upon laparotomy at times, and bringing discredit upon the operation, was to be found in the fact that many men were better operators than diagnosticians. An ideal corrective for this condition would be the limitation of operations to a few skilled experts. Such a course was self-evidently impossible but the principle might, with great advantage, be adopted of only removing organs known positively to be diseased, such decisions being reached only after consultation with experts. In order to determine accurately the results ultimately to the patient, cases should be systematically followed up for years. The relief from laparotomy was often only experienced by the patient one or two years after the operation. Ten years ago, impressed with the advantages of the idea, as he saw it exemplified in a clinic abroad, he had determined to keep track systematically of all cases operated upon, and with that end in view he had prepared a table of questions to be sent annually to every patient, the answers to be placed on file. Many patients did not answer at all or could not be traced; others had given imperfect answers. He had, however, full and accurate reports from thirty-six cases operated upon from five to ten years ago. This table had been brought up to within six months of the present date, and no case was included which had not been operated upon at least five years ago. The work and trouble involved had been amply repaid by the lessons learned. Among other general observations resulting from a study of these records, he had become convinced that the complete ablation of all ovarian tissue was much more important than of the tubes. Relief of local pain had not occurred in some instances until one or two years after operation; then it had disappeared. In six of the thirty-six cases menstruation had persisted for some time after operation. In six cases attacks of perimetritis had occurred after the operation, in two acute cystitis, and in one hæmorrhage so severe and exhaust-

ing as to require transfusion. With regard to the remote effects on the nervous system, the results had been good with the exception of one case, one of the two in which cystitis occurred. The good results had, however, been slow in developing.

SURGERY.

Pyloric Stenosis. — In a paper dealing with the surgical treatment of pyloric stenosis, by Dr. Nicholas Senn (*Medical Record*), the author has formulated the following conclusions: 1°. Pyloroplasty, as devised by Heineke-Mikulicz, is the safest and most efficient operation for cicatricial stenosis of the pylorus. 2°. Pylorotomy in the treatment of carcinoma of the pylorus, is a justifiable procedure when the disease is limited to the organ primarily effected, and the patient's general condition furnishes no contra-indication. 3°. Gastro-enterostomy by the aid of large, moist, perforated plates of decalcified bone should be resorted to in the treatment of malignant stenosis of the pylorus, as soon as positive diagnosis can be made, and a radical operation is contra-indicated by local or general conditions of the patient.

Dislocation of Radius Backward Reduced in Eight Weeks. — Dr. A. H. Frazer says (*Medical News*), that cases in which a backward dislocation of the radius has been successfully treated after a period of eight weeks has elapsed since the original injury, are of sufficient rarity to justify the publication of the following notes: A. B., a tall well-grown girl, aged twelve years, was thrown from a pony. She fell on her elbow and complained of great pain. The family physician was sent for, but failed to discover any special injury to the joint; he put on a bandage, keeping the arm extended. At the end of four weeks, there being no improvement, the arm was again examined and pronounced to be "all right;" but, as there was no movement in the joint, and considerable deformity, at the end of eight weeks the child was brought to Dr. W. C. Muir, of Harper, who asked me to see the case in consultation with him.

On examination it was discovered that the arm was fixedly extended, with the hand in a position midway between pronation and supination, without power to complete either movement. On the inner side of the joint there was a lump of callus, the result of an oblique fracture of the ulna just

below the coronoid process, and the head of the radius was dislocated backward and outward. The elbow-joint was quite immovable, the arm being moved entirely from the shoulder.

We decided to attempt reduction. The mother of the child having consulted some local practitioners, who informed her that it would be useless, or worse, to do anything, was averse to this course, but the father, on being assured that the arm would, at all events, not be made any worse, consented to our trying.

The girl being placed fully under the influence of chloroform, forcible extension and rotation of the arm outward was made by me, while Dr. Muir, with his thumbs, pressed firmly downward and inward on the head of the bone. After considerable difficulty our efforts were rewarded by the head of the bone slipping into its place. A long, straight posterior splint was applied for a week, when she returned for treatment. This consisted in passive movement in the joint, and the application of an electric current to the muscles. At the date of writing, ten days after the beginning of actual treatment, the girl can pronate and supinate her hand perfectly, and flexion has been established to an angle of forty-five degrees.

A Rare Dislocation. — Dr. E. Gardner, writes as follows, in the *American Lancet*: Erichsen says in Vol. I, 8th edition, "dislocations of the wrist are of rare occurrence, so much so that their existence is denied by Dupuytren and other modern surgeons of great experience." Farther "that any doubt that may formerly have existed upon this point, in consequence of post-mortem examinations, has been in recent years cleared up by the dissections of cases that have been made by Majolire and Voillermier. The observation of these surgeons together with those previously made by Sir Astley Cooper, tend to show that dislocations of the hand carpus from the radius may take place either backwards or forwards." On Feb. 11th, 1891, Miss G., age eighteen years, was thrown from a buggy. She cannot tell just how she struck the ground, but thinks the left hand was flexed upon the wrist with the fore arm flexed, her weight resting on the arm and hand in this position. Thinking that there were no injuries but severe bruising, she would not consent to call a surgeon till next morning. I found severe bruising around inner condyle of

humerus and the elbow joint badly swollen. The wrist at first glance, gave the appearance of a Collé's fracture, but on closer examination I determined that it was out of joint. So grasping her left hand with my left hand, as in hand-shaking, and with right hand encircling forearm with thumb over end radius, I made strong traction and with thumb and forefinger, and slipped the radius back into place, when it remained without any bandaging. The sensation as it went back was that gliding feeling of all joint surfaces. Though this is a rare accident I think, without any doubt, that this was a simple backward dislocation of radius at wrist joint.

Book Reviews.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Societies Throughout the World. Edited by CHARLES E. SAJOUS, M. D., and Seventy Associate Editors, Assisted by over Two Hundred Corresponding Editors, Collaborators, and Correspondents. Five volumes; large 8vo. Illustrated with Chromos, Lithographs, Engravings and Maps. [Philadelphia and London. F. A. Davis. 1891.]

When the annual appeared in 1890 we supposed that the editor, his collaborators, and the publisher, had arrived at the limit of improvement possible in a work of this magnitude. We have been agreeably disappointed. The present issue is superior to its predecessor in many respects, and presents a most complete report of the progress made in the various departments of medicine and surgery during the year 1890. It is not only the completeness of the report in each department that makes this work so valuable as an index of reference, but also the fact that the material in each department has been most carefully edited, and reviewed in such a manner that the true value of the material presented may be fully appreciated by the reader.

Much care and discrimination has been exercised in the selection of the material presented, and it has been so grouped that all the progress made in respect to any one disease, method of treatment, etc., can be seen at a glance, and, moreover, the critique of the editor is ad-

ded in a sort of running comment. The amount of material employed in the preparation of this work, may be surmised when it is stated that 995 journals, and 1,170 books, monographs, thesis, etc., have been laid under contribution, not to mention the original reports sent in by correspondents.

To write an exhaustive review of the five volumes before us would be a herculean task, and would require much more space than we can devote to it. There are some features, however, which we cannot pass by unnoticed. In the first place every department of the healing art receives proper recognition, and is under the editorial supervision of some well known expert in that branch. When we consider that this work is divided into sixty-two different branches, its scope can be appreciated. Another feature, and one to be commended, is the fact that there is no useless verbiage. Everything is put in as terse a form as is consistent with clearness and without sacrificing usefulness to brevity. One feature to which particular attention has been paid, and for which the publishers deserve the highest praise, is the large number of finely executed chromo-lithographs and wood engravings. No pains or expense have been spared in their preparation, as evidenced by the workmanship displayed in their appearance.

One of the most useful features and one which elicits the admiration of every one who uses the Annual, is the admirable index which is appended, and which closes the fifth volume. It is a work in itself involving an amount of labor which only those who have indexed can fully appreciate. It comprises seventy-two pages of fine print, and is divided into three columns. In the first of these is a general index; in the second an index of therapeutics; and in the third an index of the authors quoted. Dr. C. Sumner Witherstein, who has made this index, cannot be too highly praised for the thoroughness with which he has done his work. Every one who ever has occasion to consult a work knows the value of a good and thorough index.

The publisher has done his part of the work in a manner which leaves nothing to be desired. The printing is in clean, large type and singularly free from typographical errors. The paper is of a superior quality, and the binding elegant and dur-

able. This latter is better than usually found in medical books, the covers being extra strong and neat looking on account of the bevelled edges.

In concluding this imperfect review we desire to repeat what we stated of a former issue, and we feel that we can say it with more truth than ever, "we are proud of the Annual, because it is American, and reflects credit upon the thoroughness and enterprise of American medicine," as well as upon the liberality of American publishers. We are sorry but for one thing, that we are unable to reach grateful patients, for we could give them no better advice than to present the Annual to their family doctor, as a gift in token of their appreciation of the good done them. As to the profession, we know that no physician can afford to do without it, and if one set is ever taken it assures the sale of all the succeeding ones.

Literary Notes.

The Transactions of the first annual meeting of the United States Medical Practitioners' Protective Alliance have been published, and are now ready for distribution to the profession. The volume contains the addresses in full delivered at the Baltimore meeting, together with the constitution and by-laws, and other information. A copy will be mailed to any physician interested who will send stamp to the secretary, Dr. J. F. Davidson, Glendale, New Jersey.

Essentials of Nervous Diseases and Insanity: Their Symptoms and Treatment is a small manual for students and practitioners written by Dr. C. Shaw and constituting No. 21 of Saunders' Question Compend. This little duodecimo of 194 pages is embellished by forty-eight original illustrations. The author does not intend this as a substitute for the larger works on the subject, but merely as a remembrancer of the principal points connected with the diseases of which it treats. The rarer diseases have been judiciously omitted. The anatomy and physiology connected with the subject have been omitted and this is very proper as these are really subjects not properly appertaining to the pathology of which this opuscle

treats. The descriptions given are very good and the treatment such as meets with general approval. The illustrations are not as good as the text deserves and we would advise the publisher to use photo-engravings in his next edition. The book is one which will be found particularly useful by students. It is published by W. B. Saunders, of Philadelphia, the price being \$1.00.

Contributions to Mechanico-Therapeutics and Orthopedics is the title of a new periodical of which we have received the initial number. In this we are given a preface and a paper on the Mechanico-Therapeutic Institute, by Dr. Gustaf Zander of Stockholm. This publication is printed for the purpose of popularising a much neglected branch of therapeutics—that connected with mechanical treatment. This first brochure of fifty pages is published by the Mechanico-Therapeutic and Orthopedic Zander Institute of New York City at 75 cents.

The Pocket Anatomist, of Dr. C. Henri Leonard, which is founded upon Gray, continues to enjoy its old-time popularity. The last edition before us is the fourteenth, which contains additional matter in the form of dissection hints and visceral anatomy. The illustrations are numerous, there being 193, and their exactness is assured by the fact that they are photo-engravings from the original English edition of Gray. The chapter on gynecological anatomy is especially valuable. The popularity of this little book may be judged from the fact that it has been reprinted in England. It is a student's vademecum and although apparently small it contains 297 pages. It is published by the Illustrated Medical Journal Co., of Detroit, Mich., at the very reasonable price of \$1.00 postpaid.

Medical Communications of the Massachusetts Medical Society are always interesting. The last number we have received is No. 2, vol. XV, 1891. It embraces pages 257 to 529. The twelve articles and discussions embraced in this brochure are all of a high order of merit. Among the most interesting are two discussions, one on Pessaries, their Use and Abuse, and the other on the Diagnosis and Treatment of Appendicitis. The annual discourse is given. It is a review of the life and labors of James Thacher. Catheter Fever, by Paul

Thorndike, and Prodromal and Early Symptoms of Bright's Disease, by Charles F. Withington are papers of more than usual interest. Edward Cowles delivered the Shattuck lecture this year choosing for his subject, Neurasthenia and its Mental Symptoms. Nearly one hundred pages are occupied by the lecture which is a masterly delineation of the subject of which it treats.

The *Daily Medical News* is the title of a daily medical journal issued and edited by Dr. Joseph F. Edwards, of Philadelphia. It is a four-page paper in which one essential feature is weak as yet—medical news. It contains articles, reprints, and condensations, but personal items and what is known as *news* by the craft has not yet found a fitting place in its columns. The subscription price is \$10.00 per year. We wish the paper and its editor all the success we possibly can, but we are somewhat afraid that the time is not yet ripe for such an enterprise.

The *American Gynecological Journal* is the name which has been adopted to replace that of the *Journal of Gynecology*. The editor remains the same, and under the management of Dr. Charles N. Smith this journal continues to retain the position which has placed it in the foremost rank. The change in title was made because it is the only journal in America devoted exclusively to gynecology, obstetrics, and abdominal surgery. Beginning with the December number the size of the journal will be increased as well as the number of pages, the price to remain the same.

Artificial Anæsthesia and Anæsthetics is one of the most useful of the numbers of the Physicians' Leisure Library issued this year. This brochure of 144 pages is a *résumé* of the uses, abuses, and dangers of each anæsthetic substance. The authors, who are Drs. DeForrest Willard and Lewis H. Adler, Jr., have based their opinions not only on personal preference, but upon a careful consideration of the great mass of testimony, clinical and experimental, brought forward by investigators both in this country and abroad. While not voluminous this small work contains a mass of useful information on the subject of which it treats and information of a practical character and of such value as will be readily appre-

ciated by those who read it. George S. Davis of Detroit, is the publisher and the price of this little book is uniform with that of the other numbers of the series—25 cents.

Books Received.—The following books have been received during the past month and will be reviewed in future numbers of the JOURNAL:

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M. D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators, and Correspondents. Five Volumes 8vo. Illustrated with Chromo-Lithographs, Engravings and Maps. [Philadelphia: F. A. Davis. 1891.

The Comparative Anatomy of the Domesticated Animals, by A. Chauveau, M. D., LL. D. Revised and Enlarged, with the Co-operation of S. Arloing. Second English Edition, translated and edited by George Fleming, C. B., LL. D., F. R. C. V. S. Large 8vo., pp. 1084. With 585 Illustrations. [New York: D. Appleton & Co., 1891.

An Abstract of the Symptoms, with the latest dietetic and medicinal treatment of various diseased conditions. The Food Products, Digestion and Assimilation, 12mo., pp. 79. [New York: Reed & Carnrick. 1891.

Causes and Treatment of Sterility in Both Sexes and Fecundation by Artificial Methods. Translated from the French of Dr. J. Gérard, by Charles Everett Warren, M. D. Small 12mo., pp. 552. With 200 Illustrations. Printed for private use only by the Profession. [Boston: International Medical Exchange. 1891.

Melange.

A Bogus Diploma Mill is said to exist in Montreal, Canada. The diplomas purport to be issued from the University of Victoria.

Cocaine in the Urethra manifests its effects more readily than when applied to any other part of the body. Care should be taken in its use in this manner as grave symptoms are apt to supervene.

Rickets is said to be a very rare disease in Mexico. At least such is the statement of a native physician.

The Woman's Medical College of the New York Infirmary has a library which will be enlarged and improved through a bequest from the late Miss Sarah Hitchcock. The amount of the legacy is \$5,000, which will materially aid the college.

The Medical College of Indiana was made the defendant in a suit instituted by Drs. J. A. Cominger and W. B. Fletcher. These gentlemen were members of the faculty from the incorporation of the College in 1878 up to March, 1890. The court, at the request of all the parties to the suit, has appointed a receiver for the College.

Mississippi Valley Ophthalmological Society was the name proposed by Dr. C. H. Savage, editor of the *Ophthalmic Record*, for a society of ophthalmologists of the Mississippi Valley. He broached the subject at the late meeting of the Mississippi Valley Medical Association, but only one advocate of the idea, aside from its author, could be found. It would seem from this that the time is not yet ripe for the formation of such an association. The ophthalmologists west of New York do not favor it, and those in the far East are certainly content with the American Ophthalmological Association.

The Medical Society of the State of New York.—The next meeting of the Medical Society of the State of New York will be held at Albany, February 2, 3, and 4, 1892. Dr. Seneca D. Powell, 12 West Fortieth street, New York; Dr. James D. Spencer, of Watertown; and Dr. Franklin Townsend, 2 Park Place, Albany, have been appointed the Business Committee. Any communications regarding papers or any matter pertaining to the Society which should properly come before the Business Committee, should be addressed to Dr. Seneca D. Powell, 12 West Fortieth street, New York City.

A New Use for Tuberculin.—The Board of Health in Philadelphia has, according to the *New York Times*, begun an inquiry concerning the sale of the milk of consumptive cows in that city. It appears that this action was suggested by the report of the investigation made by a committee which was instructed, by the Veterinary Department of the University of Pennsylvania, to test the value of Koch's tuberculin by experiments in which cows should be the subjects. The com-

mittee began its work last spring, and its conclusions are, that, while the tuberculin has no value as a curative agent, it is very useful as an agent for revealing the presence of tuberculous disease. It is difficult to detect tuberculosis in cows in the early stages of the malady, and as it is of great importance that the actual condition of diseased milch-cows should be known, the tuberculin may possibly be of great service to the human race, even if the condition of consumptives cannot be improved by the direct application of it. The committee was led by the result of its experiments to publish a most emphatic warning against the sale of the milk and flesh of tuberculous animals, and this has directed the attention of the Board of Health to the milk-supply.

Medicine at the World's Fair.—We are informed by one of our exchanges that the Medical Director of the World's Fair is Dr. John E. Owen, and that he has promised that women shall receive official recognition upon the medical staff. The number to be appointed has not yet been announced, but assurance has been given that women physicians will rank with men, and share the duties of the exhibition hospital. The profession will look forward with interest to Dr. Owen's Exhibition Hospital, with its exhibition staff of male and female doctors. According to the reports of the last Exposition at Paris, they may expect about 732 cases of hysterics, 197 syncopees, 11 deaths, and 3 births. This will be enough to make the hospital interesting as an exhibition.

The Consumption of Tobacco in France.—Last year, according to the *New York Sun*, French smokers consumed 4,600,000 francs worth of cigars, 10,000,000 of cigarettes, 29,000,000 of snuff, and 91,000,000 worth of pipe tobacco. The greatest snuff-takers are old peasant women and priests. Snuff is often allowed to Sisters of Charity, as it renders the nose insensible to the bad smells of slums and hospitals, and acts as a disinfectant of the air taken in by the nostrils. The greatest number of pipe-smokers are along the coast from Nantes to Calais. Fisherwomen as well as sailors use the pipe. The consumption of ladies' cigarettes rose from 101,900 francs to 800,000 francs last year, and the orders received at the tobacco manufactory promise a still further increase under this head. There is one anti-tobacco society in France.

Miscellaneous Notes.

Peddler—Beg pardon, ma'am, but I am agent for Dr. Feeder's Spice Root Bitters, and I'm sure if the members of your family would try them they would soon have the finest appetites—

Lady at Door (severely)—This, sir, is a boarding-house.—*Street and Smith's Good News.*

The attention of our readers is called to the advertisement of Holtcamp, Grady & Moore, manufacturers of Surgical Instruments and appliances. They have succeeded to the extensive business of the A. M. Leslie Surgical Instrument Company, whose name has been the foremost in this city for years past, as the depot for all instruments and appliances needed in the domain of surgery. We bespeak for them the support of the physicians of the Mississippi Valley, and feel sure that all their patrons will feel fully satisfied with their treatment at their hands. Dr. Moore, of the firm, has long been connected with the parent firm, and Mr. Grady was long connected with another Surgical Instrument firm.

Sick Man—I want a drink of gin, and I will have it!

Minister—But, sir, you are dying. You can't expect to be received within the golden gate with the smell of gin on your breath.

Sick Man—Pshaw! I'll have stopped breathing before I get there.—*Pharmaceutical Era.*

Jinks: "How's this? Why are you not willing to subscribe something toward a monument to Columbus, the discoverer of America?"

Winks (suffering from rheumatism, sore throat, catarrh, bronchitis and a touch of the grip): "Because if he hadn't discovered America I wouldn't have been born in this cursed climate."

A nerve doctor—one who advertises to build up broken constitutions and shattered nerves—had a call the other day from a man who looked very much broken down or up, whichever way you look at it. "What are your symptoms?" asked the doctor. "Well I feel weak." "Exactly. Great disinclination to do anything?" "You've hit it, exactly, doctor, disinclination to do anything, and that's why I've come to see you." "Luckily you didn't put it off any longer. Bad taste in the mouth in the morning?" "Awful." "Vision dim?" "Can't see across the street." "You ought to have come here before. You're nerves want strengthening immediately. You've actually no nerve left." "No nerve left, you say? (With sudden energy.) Doctor, lend me ten dollars?" When the doctor came back from kicking the fellow into the street, he uttered, "Try to borrow money of me! Well, he had nerve, that's a fact."

Aha! I catch you buying a porous plaster, do I? I thought your devotion to fresh-air theories would bring you to this?

"It ain't the plaster that does me good," answered the crank; it is the ventilation obtained through the holes.—*Indianapolis Journal.*

Sage—Drunkenness is a disease.

Old Soak—Wouldn't it make a glorious epidemic? The grip would be out of sight.

Mr. Chas. E. Denhard, member Academy of Medicine, Medico-Legal Society, N. Y. Medical Union, Med. Chirurg. Society of German Physicians, etc., New York City, informs us that he has had most excellent results from thirty grain doses of Chloralamid in cases of painful menstruation in young women, where the administration of various opiates had to be excluded for fear of inducing habitual use of same. Dr. Denhard's suggestion has the merit of originality, and, we are glad to state, has been privately circulated and adopted by many physicians with family practice. It is a valuable recommendation for Chloralamid to know that a thirty grain dose, administered as the painful period approaches, will induce quiet slumber and furnish perfect relief before re-awakening; it is also proof that Chloralamid is possessed of some analgesic action. Dr. Denhard reports further that he is using Chloralamid regularly in his practice wherever a hypnotic is indicated, and that he successfully applied it recently in an aggravated case of neurasthenia, affording patient, a young girl of eighteen years, unwonted relief.

Bimly—The doctors have given the poor fellow up.

Jimly—Is his case so desperate as that?

Bimly—Yes. He has no more money.

Plain Talks to Physicians.—What would be thought of a lawyer with an important case in hand who would take no measures to secure the presence of his most important witness on the day of the trial; or the soldier, who, with the most approved weapons, was careless of his ammunition. Theirs would be short careers. And yet the physician with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who, with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their maker, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Certainly not; then why your medicines? Have you ever thought of it in this light, doctor?

You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased? Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products you want.

Parke, Davis & Company claim that their facilities for securing the highest quality of drugs and their preparations are unequalled. They guarantee every unopened package from their laboratory absolutely as represented.

Prolapses Uteri.—

R Tinct. Cimicifugæ.....1 ounce.
 Aletris Cordial (Rio).....7 ounces.

M. Sig: Teaspoonful four times daily.

This often cures without the aid of mechanical support.

"Mine is a patient wait," remarked a young doctor, as he sat lonely in his office.—*Baltimore American*.

Wm. K. Griffin, M. D., Daniel, S. C., says: I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of Celerina my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefitted by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapeutic agent, and can cheerfully recommend it to the medical profession as one of the very best nerve tonics. Pleasant, soothing and agreeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case.

The Side to Sleep on.—"Which side should I sleep on, doctor?" he inquired.

"In winter or summer?" asked the doctor, rubbing his chin thoughtfully.

"What's that got to do with it?" exclaimed the patient, half angrily.

"A great deal," responded the doctor, mysteriously.

"I don't see it."

"Of course you don't," said the imperturbable; "if you did you wouldn't be here asking me about it."

"Go ahead, then," said the patient, sitting back resignedly.

"Well," continued the doctor, "in winter, when it is cold you should sleep on the inside; but such weather as this, you should sleep on the outside, in a hammock with a draft all around it, and a piece of ice for a pillow. Two dollars, please."—*Detroit Free Press*.

MANCHESTER-BY-THE-SEA, MASS., October 5th, 1891.

Gentlemen:—The relief of suffering is the object of philanthropy. The relief of pain commands the highest efforts of the physician. Remedies which are useful in the relief of pain are always highly prized and the discovery is entitled to the highest honor. For many years numberless remedies have been offered to the profession as analgesics and anodynes; the list is a long one, and contains many products of great reliability; the result of faithful study and experiment. One especially has received the confidence of the profession, the Antipyrin of Knorr; but recently there has appeared a product which bids fair to be a successful rival of

this and all others, and in truth to deserve the title, "A succedaneum for Morphia."

Antikamnia is no longer a stranger to the medical profession, but is daily winning laurels in its mission as "opposed to pain." It is described as a new combination of coal tar derivatives, of the series $C_{12}H_{10}-6$ into which the amines have entered, forming the various amido-compounds. It is by the further combination of other organic bodies with the amido-benzoles that many of the valuable antipyretics and analgesics have been brought into existence. Antikamnia has as its base the derivatives of the amido-benzoles, so combined as to obviate the bad effects caused by many of this series of organic bodies when administered alone.

Briefly stated, it is indicated in Cephalalgia, Neuralgia, attacks of Acute Rheumatism, Locomotor Ataxia, Sciatica and the disorders of Menstruation accompanied by pain. In the treatment of Malaria, Typhoid and other fevers, it is fast winning its way. In the treatment of diseases where it is important to exhibit quinine, the action of Antikamnia will be found especially desirable in preventing the disturbance of the nervous system so frequent when quinine is given in large quantities.

Several very interesting articles have appeared of late describing its action. Dr. Holland, in the *Medical Summary* of May, describes an interesting case of Dysmenorrhoea promptly relieved by its use. My own experience confirms this. I believe it to be one of the best remedies for the relief of pain in this disease. Experience with its use in cases of La Grippe, Asthma, etc., have convinced me of its efficacy. Indeed to state the merits of Antikamnia more fully it would be necessary to mention all the diseases in which pain is a prominent symptom. It can be used advantageously in the treatment of the various forms of Hysteria where bromides have been indicated heretofore.

So far as my experience goes, we need not anticipate unfavorable after-effects; its action is soothing, tranquillizing, and diminished the tendency of a rise of the bodily temperature. Antikamnia has been found by Dr. Alvord, of The St. Louis City Hospital, especially valuable in the treatment of Phthisis.

Dr. Gayle, of Kansas City, Mo., reports very satisfactory results from its use in the treatment of Typhoid, in an article published in the *St. Louis Courier of Medicine*, August, 1890.

A very successful operation, performed by Dr. A. V. L. Brokaw, Demonstrator of Anatomy and Surgery, Missouri Medical College, in a case of a severe stab wound of thorax and abdomen, published in the same journal of December, 1890, shows how valuable is Antikamnia as a remedy for the relief of pain. It is best exhibited in doses of from three to ten grains every three or four hours, in powder or tablet form, taken in water or wine.

Its anodyne action is admirably shown in the treatment of the insomnia of neurasthenic patients, and for the treatment of many cases of sleeplessness in over-worked business and professional men.

I am, very sincerely yours,

DR. W. THORNTON PARKER.

Recorder Assoc. of Acting Asst. Surg., U. S. A.

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